

Advancing Health Equity

How Projects Funded by the Health Equity in Prevention (HEiP) Initiative Improved Health in Communities Over a Five-Year Period

Beginning in 2013, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (the Center) awarded contracts to 13 organizations to improve health outcomes and advance health equity. During the five-year initiative, the organizations increased their capacity; engaged community members; and, together, implemented over 200 policy, systems, and environmental (PSE) changes that support health and well-being in communities across the state.

Through the Health Equity in Prevention (HEiP) initiative, the Center supported the work of 13 organizations across the state to advance health equity and improve health outcomes through policy, systems, and environmental changes.

Each organization focused its work on supporting the health and well-being of community members who are experiencing health inequities by helping to ensure their priorities, concerns, and ideas for solutions were brought into new policies and other types of decision-making. Their collective efforts resulted in a wide range of changes, including: lower-income communities having greater access to healthy, affordable foods; new commercial tobacco policies that reduced youth access and exposure to secondhand smoke; culturally relevant policies that support the health and well-being of American Indian tribal communities; and transportation projects designed to support health and well-being.

HEiP-funded organizations

- American Indian Cancer Foundation
- Appetite for Change
- Comunidades Latinas Unidas en Servicio (CLUES)
- Cycles for Change
- Hennepin County
- Hope Community, Inc.
- NorthPoint Health and Wellness
- The Open Door
- Pillsbury United Communities – Waite House
- Rainbow Health Initiative (now, JustUs Health)
- Vietnamese Social Services of Minnesota*
- Westside Community Organization*
- Zeitgeist Center for Arts & Community

See pages 7-9- for a more detailed description of each organization's HEiP-funded efforts.

*Two-year HEiP-funded organization

HEiP: A five-year initiative centering on health equity

The Health Equity in Prevention (HEiP) initiative, funded by the Center, supported efforts to reduce exposure to commercial tobacco¹ products, increase opportunities for physical activity, and improve access to affordable and healthy foods. The funded projects developed and implemented policy, systems, and environmental changes to support health and well-being in these areas. However, more important than the number of policies adopted, was the approach used by the projects to ensure the policies reflected the priorities and interests of community members and the changes in organizational capacity that will help ensure these efforts continue over time.

About the HEiP-funded organizations

The 13 funded projects used varied approaches to improve health and advance health equity in communities. Many of the organizations focused their efforts in a small geographic area, while others worked to make changes at a much broader level, such as the American Indian Cancer Foundation's (AICAF) work with all 11 tribal nations in Minnesota and CLUES' work in multiple cities throughout the state. Community engagement and developing strong organizational partnerships were core aspects to each organization's work, with many making changes to their work plan over the five-year period to respond to new community priorities, emerging interest areas, and opportunities for collaboration.

While each organization's work was unique, multiple projects:

- Established policies to reduce youth access to tobacco products and second-hand smoke (CLUES, NorthPoint, Rainbow Health Initiative, Vietnamese Social Services, while ensuring these policies respected tobacco use for traditional ceremonies and other cultural practices (AICAF))
- Strengthened local food systems, including support for local growers and residents experiencing food insecurity (AFC, Hope, The Open Door, Waite House, WSCO, Zeitgeist)
- Improved the built environment to increase access to bicycling and other opportunities for health (CLUES, Cycles for Change, Hennepin County)




A more detailed description of each organization's primary areas of work and the cultural or geographic communities they worked with is included in the final section of this summary (pages 7-9).

¹ 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.

Impacts

Three main types of changes occurred as a result of the initiative: a) expanded organizational capacity to advance health equity; b) improved community engagement to inform and drive the projects’ efforts; and c) PSE changes to improve health outcomes and advance health equity (Figure 1). The goals and anticipated impact of each organization varied, as the organizations each began their work at different points, with varied degrees of capacity and experience implementing PSE changes.

1. Types of change that occurred during the HEiP initiative

	Organizational capacity	Community engagement	PSE changes
Types of changes supported by the initiative	Changes in organizational networks Stronger partnerships Changes in staff competencies, skills 	Changes in resident knowledge Changes in community engagement (involvement/participation) Development of youth/adult community leaders 	Changes in organizational policies and practices Adoption and implementation of PSE changes at a local/state level 
<div style="border: 2px solid black; padding: 5px;"> Health equity principles guide efforts and are infused into policies and practices </div>			

Changes in organizational capacity

Deepened understanding and centering of health equity

Representatives from each project were generally confident in their understanding of health equity throughout the initiative, but their ability to effectively make changes to center health equity in their organization’s internal practices and external work improved over time. Annual self-ratings from project representatives showed the organizations became increasingly successful in being able to implement changes that demonstrate their commitment to advancing health equity. Some of the changes made by the organizations to center health equity include: ensuring use of a health equity lens was the responsibility of all staff, not a designated role; reassessing and, as appropriate, changing who they were engaging in their work; rethinking organizational language; and considering how all programming in the organization is fostering health equity. Two of the projects talked specifically about changes they made after realizing their organization’s “color-blind” policies reinforce structural racism. A number of organizations reported

sharing what they learned about advancing health equity with their organizational partners, students, and community members, particularly in the last two years of the initiative. The organizations took multiple steps to increase their capacity in this area, such as attending trainings and presentations, attending the Facing Race conference, and engaging in both formal and informal personal learning and reflection.

Stronger organizational partnerships

The HEiP-funded organizations worked with over 300 partners to improve health and advance health equity. Throughout the initiative, organizations formed coalitions, worked in partnerships, and strengthened relationships with community-based organizations and other entities. Some of these partnerships formed to implement joint programming, others were strategic partnerships focused on systems change. These partnerships included informal collaboration between nonprofit organizations and more formal structures to work with government agencies or regional entities. A few examples of the types of partnerships that emerged over the course of the initiative include:

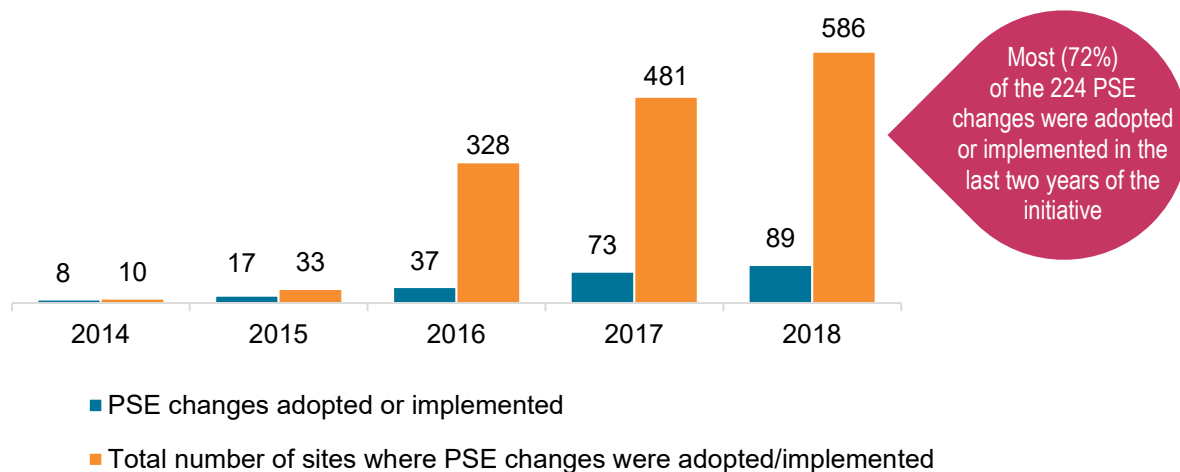
- **AICAF** formed a new partnership with ChangeLab, called Wellness Culture, to provide technical assistance and other support for tribal communities to plan for and strengthen PSE changes.
- The NorthSide Fresh Coalition, an initiative of **Appetite for Change**, brings together community members and organizations to improve access to healthy food in North Minneapolis.
- **Hennepin County** works with stakeholders from many different sectors, in particular Nexus Community Partners, the organization responsible for convening and supporting community-based organizations in the Health Equity and Engagement Cohort (or HEEC).
- **Hope** continued and further strengthened its relationship with the Land Stewardship Project throughout the five-year initiative, particularly on community food-systems work.

Use of multiple community engagement approaches

The organizations used varied community engagement approaches, including ongoing outreach, one-time events, and longer-term leadership development. The organizations noted the importance of offering different levels of engagement throughout all phases of their work, and how earlier efforts helped build their organization's capacity to engage residents differently as their work evolved. Strategies used by organizations included social media engagement, community events, classes and programs, hosted community conversations, leadership development programs and support for current community leaders, coalitions, and advocacy efforts. Multiple organizations highlighted the importance of hiring experienced staff and compensating community members for their time.

Policy, systems, and environmental changes

By the end of the HEiP initiative, PSE changes had been adopted or implemented at nearly 600 locations throughout the state. This work accelerated in the last three years of the initiative, after the organizations had increased their organizational capacity. Most (72%) of the PSE changes were adopted or implemented in the final two years of the initiative.



Most of the PSE changes were implemented on an organization- or neighborhood-level, although broader city, county, tribal, and state changes were implemented, as well. The types of PSE changes adopted or implemented varied, with many falling into the following categories:

- **Active living.** Development of station area plans that encourage physical activity along the Bottineau transit rail line; installation of new bike racks; adoption of active living policies by businesses, schools, and other establishments.
- **Food access.** Improved transportation to grocery stores; incorporation of food access language in city comprehensive plans; policies and practices supporting electronic benefit transfer (EBT) purchases at farmers markets; improved vending machine policies; policies allowing redistribution of fresh produce among food shelves.
- **Healthy eating.** Improvements in community center kitchen spaces; adoption of healthy eating (e.g., healthy options at meetings) by businesses, schools, and other establishments.
- **Urban agriculture.** Increased number of community garden plots; changes in zoning and insurance requirements, particularly in lower-income neighborhoods; community involvement in Minneapolis Park and Recreation Board’s Urban Agriculture workgroup; changes in law to allow seed libraries.

- **Equity.** Changes in health care systems to adopt inclusive practices for patients and staff; installation of gender-neutral bathrooms and changing areas in local fitness centers; inclusion of questions asking about gender identity and sexual orientation in statewide health surveys.
- **Commercial tobacco control.** Adoption of smoke-free grounds or buildings policies; updated tobacco use policies at Pride events; strengthening enforcement practices for smoke-free policies at Minnesota State University-Mankato; restricting the sale of flavored tobacco products to tobacco stores in North Minneapolis; adopting non-tobacco sponsorship policies.
- **Additional topics.** Breastfeeding policies; changes in food shelf policies to refer clients to a wider range of resources; adoption of an action plan for PSE implementation by the Lower Sioux Tribal Council; elimination of glyphosate (i.e., Round Up) in Minneapolis city parks.

Lessons learned

A number of organizations faced common challenges over the course of the initiative, such as maintaining strong relationships with organizational partners, ensuring their work with communities continued to be authentic and transparent, and moving from implementing programs to developing policies. As the initiative came to an end, many organizations were also contemplating how to sustain their work with changes in staffing and reductions in funding. While each organization will continue their efforts to advance health equity to some degree, most will have less dedicated staff time for these types of efforts.

As a part of the evaluation, a number of promising practices used by the organizations to advance health equity, were identified and described in a series of brief summaries. These promising practices included project examples of effective strategies to: reduce youth access to flavored tobacco products; implement smoke-free policies in multi-unit housing buildings; incorporate language about food access into city comprehensive plans; involve culturally specific community health workers in efforts to advance policies; and create a sustainable and equitable food system. These promising practices, as well as additional detailed information about the work of each organization can be found on the Wilder Research website: <https://www.wilder.org/wilder-research/research-library/health-equity-prevention>

The evaluation also helped identify a number of ways the Center or other funders can support community-driven efforts to advance health equity:


- Continue to offer longer funding periods (five years or more), particularly when PSE change is a stated goal
- Continue to offer a variety of technical assistance options to help organizations increase their capacity to implement PSE changes and to advance health equity




- Recognize and proactively support organizations moving from a service-delivery orientation to improving health through PSE change
- Reconsider how expectations around sustainability are communicated to the organizations, and ways technical assistance and consultation may be provided differently, depending on whether their work is to be sustained or time-limited to the funding period
- Continue to allow flexibility and adaptability in project work plans and funding requests
- Regularly reassess the training and professional development needs of new staff hired by funded organizations over the course of the initiative

Appendix







About the funded organizations




1. Brief description of key activities and approaches, primary geographic or demographic focus

	Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
  	American Indian Cancer Foundation (AICAF) (HE, PA, TC)	AICAF worked with multiple tribal governments to influence the development of tribal policies and organizational practices using evidence-based and culturally relevant approaches and to change social norms around commercial tobacco use and access to healthy foods within the American Indian community. They also fostered coalitions and networks at the local, regional, and state levels and educated and empowered tribal leadership related to tobacco, cancer prevention, and health equity.	Tribal leaders, health specialists, and administrators; and members of the American Indian community.
	Appetite for Change (AFC) (HE)	Through the Northside Fresh initiative, AFC developed a network of local vendors, urban gardeners, residents, and partner organizations to improve the food systems in North Minneapolis through policy, systems, and environmental changes.	North Minneapolis local growers, business owners, and residents.
  	Comunidades Latinas Unidas en Servicio (CLUES) (HE, PA, TC)	CLUES has worked to advance health equity by partnering with businesses and organizations in the Latino community to institutionalize healthy eating, active living, and tobacco-free policies. CLUES also worked with the Latino Student Wellness Program at Minnesota State University (MSU)-Mankato to establish campus policies and activities that support health.	Latino residents in Minnesota.











Note. The funded organizations plan to work in one or more of the following topic areas:  Healthy Eating (HE);  Physical Activity (PA); and/or commercial  Tobacco Control (TC)




1. Brief description of key activities and approaches, primary geographic or demographic focus (continued)

	Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
	Cycles for Change (PA)	Cycles for Change expanded the leadership development opportunities within its Bike Library program and strengthened a network of individual and organizational leaders from under-represented communities to shape policy and the built environment to address the needs of marginalized communities. Cycles for Change also expanded accessibility to bicycling through programs to educate people about cycling and creating group rides focused on inclusivity and safer spaces.	Primarily members of low-income communities, youth, women, people of color, the LGBTQ community, and new Americans throughout Minneapolis, St. Paul, and inner-ring suburbs through partnerships with other nonprofit agencies.
	Hennepin County (PA)	Hennepin County implemented a systematic process for community engagement in order to incorporate health and health equity factors in station area planning for the Bottineau Transitway, and to design and implement demonstration projects to further explore ideas for improvement. With Nexus as a partner, Hennepin County contracted with multiple community-based organizations to lead the engagement work with a healthy equity focus.	Residents living along the Bottineau Corridor (North Minneapolis, Golden Valley, Robbinsdale, Crystal, Brooklyn Park).
	Hope Community, Inc. (Hope) (HE)	Hope Community, Inc. has worked to engage multiple generations of residents in activities that build community through growing, preparing, and eating healthy foods. Hope has supported the development of local leaders and has worked to advance policy and environmental changes that enhance health equity in the Phillips community.	Residents of the Phillips neighborhood in South Minneapolis surrounding Hope Community and others who participate in Hope programming.
  	NorthPoint Health and Wellness (NorthPoint) (HE, PA, TC)	Initially, NorthPoint Health and Wellness focused its work with resident councils to provide education, tools, resources, and guidance to multi-unit housing owners and residents in North Minneapolis interested in adopting smoke-free policies in their buildings. The work of their youth-led initiative, Breathe Free North, led to the restriction of sales of flavored tobacco products in North Minneapolis to tobacco retailers. The work expanded to include development of tobacco free sponsorship policies, as well as a specific focus on increasing access to healthy foods and encouraging physical activity. One way this organization increased focus on healthy eating was by working with youth-serving organizations to change local vending machine options. NorthPoint also led the way to implement a variety of activities including fitness classes, the Orange Bike program, and resident engagement in active living environmental changes.	Residents, multi-unit housing managers, and businesses selling tobacco products in zip codes 55411 and 55412 in North Minneapolis.

Note. The funded organizations plan to work in one or more of the following topic areas:  Healthy Eating (HE);  Physical Activity (PA); and/or commercial  Tobacco Control (TC)

1. Brief description of key activities and approaches, primary geographic or demographic focus (continued)

	Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
	The Open Door (HE)	The Open Door influenced policy, changed organizational practices, and built coalitions and networks to reduce health inequities related to food and increase access to healthy, affordable options at food shelves and community gardens.	Lower-income community members in Dakota County.
 	Pillsbury United Communities - Waite House (HE, PA)	Waite House worked to engage community members and develop partnerships and coalitions to advance PSE changes related to healthy food access and urban agriculture in the Phillips community.	Residents of the Phillips neighborhood, encompassing Latino, Native American and East African immigrants; youth, adults, and seniors; low-income or underemployed families; and highly mobile and homeless populations.
  	Rainbow Health Initiative (RHI) (HE, PA, TC)	RHI worked to influence policy and legislation related to LGBTQ health, using results from its Voices of Health survey and other information. RHI also focused on tobacco-free policy adoption at Pride events and spaces.	The LGBTQ community in Minnesota.
 	Vietnamese Social Services of Minnesota, Inc. (VSS) (HE, TC)	During its two-year contract, VSS worked with Lao Assistance Center to increase options for healthy living in the Southeast Asian community by reducing smoking at Asian-owned nail salons, eliminating smoking in multi-unit housing facilities, and decreasing the use of MSG and sodium at Asian restaurants.	Southeast Asian residents in the Twin Cities area.
	Westside Community Organization (WSCO) (HE)	During its two-year contract, WSCO worked to plan gardening and healthy food initiatives to engage West Side residents in activities that increase access to healthy, locally-grown food.	Residents of the West Side neighborhood in Saint Paul.
	Zeitgeist Center for Arts & Community (previously A.H. Zeppa Foundation) (Zeitgeist) (HE)	Zeitgeist used multiple strategies to improve food access in the Lincoln Park neighborhood of Duluth through the Fair Food Access Campaign, including: increasing community and home gardens; attracting a small grocery store; establishing a farmers market; working with Duluth Transit Authority to increase access to healthy foods and offering nutrition and cooking classes in neighborhood programming.	Residents of Lincoln Park, a low-income neighborhood in Duluth and a USDA-defined food desert.

Note. The funded organizations plan to work in one or more of the following topic areas:  Healthy Eating (HE);  Physical Activity (PA); and/or commercial  Tobacco Control (TC)

Additional information

About the Center's funding approach

The HEiP initiative was initially designed to be a multi-year initiative. Organizations new to PSE change work could apply for two-year contracts while organizations with more experience could apply for three-year contracts. At the end of the two-year period, Blue Cross invited all organizations to apply for a third year. As the initiative moved forward, the Center recognized the importance of, and time needed for, community engagement, coalition- or partnership-building activities, and organizational capacity building. In response, the Center extended the length of the HEiP initiative, ultimately funding 11 of the organizations for five years.

The Center was a highly involved funder and worked collaboratively with the funded organizations to address challenges and to allow for changes to address emerging needs or new opportunities. In addition to financial resources, the Center offered a variety of training opportunities to support HEiP projects, help address common challenges, and create opportunities for the funded organizations to learn from one another. A number of the organizations also received individualized technical assistance in key areas, including communications, risk management, evaluation, and strategic planning. The Center also provided assistance for team building, intercultural competency skill building, and support for individuals and groups to attend key conferences.

The organizations appreciated the Center's flexibility and support for creative and community-responsive approaches. A number of organizations saw the Center staff as partners in their work, rather than simply being a funder. Finally, the organizations appreciated the Center recognizing that, in order to implement PSE changes that would advance equity and align with the priorities of community members, the organizations needed to approach their work holistically.

About the evaluation

A mixed-method evaluation approach, including interviews with project staff, tracking of PSE changes, surveys to measure changes in organizational networks and coalition functioning, and a participatory evaluation approach called Ripple Effect Mapping, was used to help the organizations improve their work and determine how the HEiP initiative built capacity for organizations and communities to improve community health and advance health equity. Wilder Research, the contract evaluator for the initiative, also provided evaluation technical assistance to individual HEiP-funded organizations to support the unique goals and priorities of each project. Some examples of organization-specific technical assistance projects include:

- Literature review of the financial impacts of smoke-free policies in casinos; development of the Healthy Native Foods map; evaluation training to staff (AICAF)

- Survey development for the Community Cooks program, farmers market customers, and business to assess interest in buying from local growers (AFC)
- Survey development and technical assistance on reporting (CLUES)
- Evaluation of the Bike Library program (Cycles for Change)
- Development of a handout defining PSE changes and providing examples of the organization's work that was shared with staff (Hope)
- Technical assistance on youth-led tobacco sales assessment approach and reporting (NorthPoint)
- Development of questions and protocols for community conversations with food shelf clients (Open Door)
- Involvement in the design and implementation of the Food Shelf Redesign project; evaluation of the process and reporting (Waite House)
- Providing feedback to a survey of Lincoln Park residents (Zeitgeist)

Throughout the HEiP initiative, Wilder worked closely with the Center and the funded projects to identify promising practices that elevate strategies and approaches that other projects and funders could consider using to improve health and advance health equity. The following Promising Practices reports and other evaluation results can be found on the Wilder Research website (<https://www.wilder.org/wilder-research/research-library/health-equity-prevention>)

- [Promotores de salud: Partners in passing policy change](#) (June 2015)
- [Residents as partners: Effective advocacy for sustainable smoke-free multi-unit housing policies](#) (August 2015)
- [Breath Free North: A policy approach to limiting youth access to tobacco products](#) (December 2015)
- [Community engagement to advance health equity: Strategies and tips](#) (February 2016)
- [Ripple Effect Mapping \(REM\): Visually capturing the impacts of policy, systems, and environmental changes to advance health equity](#) (February 2016)
- [Addressing health inequities in LGBTQ communities: Implementing tobacco-free policies at Minnesota Pride events](#) (February 2016)
- [Increasing access to fresh, locally grown produce: The aggregation and distribution table](#) (December 2016)
- [Integrating food access and equity language in city comprehensive plans](#) (June 2018)
- [Healthy vending policies: A youth-involved initiative to improve healthy eating](#) (June 2018)
- [The evolution of the Northside Fresh Coalition](#) (July 2018)



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For more information

This summary presents highlights of the report, *Advancing Health Equity: How Projects Funded by the HEiP Initiative Improved Health in Communities Over a Five-Year Period*. For more information about this report, contact Melanie Ferris at Wilder Research, 651-280-2660.

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