



# Advancing Health Equity

*How projects funded by the Health Equity in Prevention (HEiP) initiative are working to improve health in communities*

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In 2013, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (Blue Cross) awarded contracts to 13 organizations throughout the state, all working to improve health outcomes and advance health equity through policy, systems, and environmental (PSE) change.

The primary goal for this collective work, the Health Equity in Prevention (HEiP) initiative, is to build power among health equity organizations to influence how Minnesota's communities support health for all. To accomplish this, Blue Cross is working to support organizations' efforts to implement PSE changes; strengthen the leadership, capacity and resilience of organizations; and increase connections among organizations to promote health equity.

This summary describes the work of the funded organizations during the first two years of the initiative. It highlights changes in their organizational capacity to advance health equity, their accomplishments to date, including changes in policies and practices, and identifies challenges in their work. The information presented was gathered using a mixed-method evaluation approach, which included key informant interviews with project staff, reviews of project reports and work plans, network mapping, Ripple Effects Mapping, and collaboration survey results.

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## Who was funded?

Blue Cross funded 13 organizations to work toward the goals of improving health outcomes and advancing health equity. The organizations vary considerably in terms of their size, past experience, geographic reach, primary target audiences, and planned implementation strategies. Nine organizations received three-year contracts and four received smaller two-year planning contracts to support their efforts to advance health equity. Two of these organizations (Cycles for Change and Hope Community, Inc.) received contract extensions to support a third year of work. Contracts for Vietnamese Social Services, Inc. (VSS) and West Side Community Organization (WSCO) ended in April 2015. A list of all funded organizations and a description of their planned work is included at the end of this summary.

# Building capacity to advance health equity

**Changes at multiple levels are needed to advance health equity.** Many of the common activities and approaches being used by HEiP-funded organizations to support their work have the purpose of: a) expanding the capacity of the organization through partnerships and staff development; b) engaging community residents in all phases of their work; c) advocating for and ultimately adopting PSE changes; and d) infusing health equity principles into all program decisions, policies, and practices (Figure 1). Experience and competence in all of these areas can help organizations be successful in their work, even if it is not be feasible for an organization to undertake changes in all of these areas at once.

## 1. Types of change likely to be influenced by the HEiP initiative

Category or level	Organizational capacity	Community engagement	PSE change
Types of changes likely to occur	Changes in organizational networks Strength of partnerships Changes in staff competencies, skills	Changes of 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
	↑	↑	↑
Health equity principles guide efforts and are infused onto policies and practices			

## What type of experience and expertise did the organizations bring to their work?

- **Many of the projects had experience and skills they could draw on to support their work.** A number of organizations had experience working to advance PSE changes that support healthy eating, physical activity, and tobacco control before receiving HEiP funding. Organizations working in the area of tobacco control had the most past experience to draw on, while work in the areas of healthy eating and physical activity tended to be new areas. At baseline, most of the organizations were comfortable with their understanding and ability to explain the concepts of health equity and PSE change to others. Many also had strong relationships with community residents and experience engaging community residents meaningfully in their work.
- **Together, the funded organizations were connected to a large network of aligned partners.** Together, the organizations identified 264 organizations as partners in their work at baseline. The organizations had as few as 12 and as many as 27 partners engaged in their efforts. Nine of the 13 organizations were working in some way with at least one other HEiP-funded organization at baseline, a number that is expected to increase over the course of the initiative.
- **Nine of the organizations had coalitions in place to guide their work.** Overall, most coalition members felt that their involvement in the coalition was a benefit to the organization and allowed them to contribute to work that they would be unable to do on their own. If coalition members had concerns about the coalition's overall functioning, those tended to be related to the overall pace and scope of work, the degree to which the coalition was representative of the community, and the group's decision making process. Some organizations established new coalitions to support their efforts and a few did not have a coalition in place, feeling that the traditional coalition model wasn't the best way for them to organize their efforts.

## Have the organizations increased their capacity to advance health equity?

- **Over half of the organizations felt they were “very successful” building support for PSE changes (n=8), engaging community residents in their work (n=7), and making connections with other organizations (n=7).** While the organizations still saw their work as successful overall, less than one-third of the organizations felt that they had been “very successful” making sustainable changes in their own organizations to advance health equity and that they had increased the capacity of community residents to support their work (Figure 2).

## 2. Self-reported success in building capacity to advance health equity



- **Training and technical assistance has been an important part of increasing organizational capacity.** In addition to the training opportunities made available by Blue Cross, some organizations have requested additional technical assistance or have expanded their training activities to include community residents or staff outside of the primary project team.
- **In the first two years of the initiative, a number of HEiP-funded organizations have implemented organizational policies and practices that will help them support and sustain their efforts.** Examples of these changes in organizational policies and practices include the adoption and enforcement of smoke-free grounds policies and changes in hiring practices to increase the diversity of staff.
- **The organizations have also increased their capacity to advance health equity by engaging other organizations and community residents as partners in their work.** Each HEiP-funded organization identified key “measures of success” to demonstrate some of the ways they are building their capacity and increasing support for changes that advance health equity. Together, the organizations have engaged 287 other organizations and stakeholder groups in their work as members of coalitions or in other types of partnership. They have provided leadership training and/or created leadership roles for 235 community

residents and have 1,765 residents involved as engaged volunteers or interns in their efforts. Nearly 1,800 residents received training from one of the organizations to develop skills or increase knowledge around health and health equity. At least 691 community residents were involved in advocacy or provided direct input into decisions and policy development. Because not all organizations reported outputs in each areas, these totals likely underestimate resident involvement in education, capacity building, and advocacy efforts.

## **What are examples of policy, systems, and environmental (PSE) changes that have been implemented thus far through the initiative?**

**Changes in policy.** As a result of their combined efforts, the HEiP-funded organizations have implemented smoke-free groups policies at apartment buildings, worked with city and county government to ban the use of e-cigarettes in public places, and modified food shelf policies to increase the availability of affordable, healthy food:

- As a result of the advocacy efforts of local community residents, Minneapolis Parks and Recreation’s Urban Agriculture Activity Plan now has specific references to racial equity. (Hope, Waite House)
- Testimony provided by community residents contributed to the successful adoption of the City of Minneapolis’ Staple Food Ordinance. (Hope, Appetite for Change)
- A smoke-free grounds policy was passed and implemented at a 160-unit apartment building in North Minneapolis. (NorthPoint)
- The City of Minneapolis adopted a policy banning the use of e-cigarettes in restaurants, offices, and other public spaces. (NorthPoint)
- Hennepin County passed a policy that expands the Indoor Air Act, banning the use of e-cigarettes in all indoor spaces already covered by this regulation. (NorthPoint)
- Members of the Healthy Foods Coalition led a broader campaign to change policies related to food sharing among food shelves and meal programs, contributing to a change in policy by Second Harvest to allow for sharing or re-distribution of fresh produce. (Waite House)
- Non-tobacco sponsorship policies were created with GLBT in Recovery and North Suburban Chorus. (Rainbow Health Initiative)
- Smoke-free policies were adopted by two residential properties that are part of Clare Housing. (Rainbow Health Initiative)

- The Open Door adopted a Healthy Food Policy focused on distributing healthy foods at its food pantries. (The Open Door)
- CLUES' work with multi-unit housing complexes, restaurants, churches, schools, child care establishments, and other businesses has resulted in 26 tobacco-free policies, 8 healthy eating policies, and 5 active living policies. (CLUES)

**Changes in environments.** A number of organizations have collaborated with others to establish new community gardening spaces, install bike racks, and designate a gender neutral bathroom and changing area at a local fitness center. Some organizations are also working on modifying the language in key city and community planning documents, setting the stage for future environmental changes to occur.

- Two multi-unit housing buildings in the West Side of St. Paul established new gardening spaces for residents. (WSCO)
- A 5,000 square foot garden is incorporated into the design at a new housing complex (The Rose); construction is underway and should be completed in 2016. (Hope)
- The number of garden plots available to low-income households in Eagan has grown to 69 for a total of 141 plots. The mobile food program now has seven stops instead of two. (The Open Door)
- Food pantry items are now organized around MyPlate principles so that people receive education on healthy food options and portion size. (The Open Door)
- Two community gardens have been established for residents. (Waite House)
- Bike racks were installed at businesses, schools, and churches owned and/or patronized by Latino residents. (CLUES)
- KwikTrip was recruited to come to the Lincoln Park neighborhood, increasing food security for neighborhood residents. (Zeppa Foundation)
- The Emerald Garden was created in the Lincoln Park neighborhood. (Zeppa Foundation)
- New gardening spaces were created on the Northside. (Appetite for Change)
- The Aggregation Table, a stand where local urban growers can sell their produce, is available to community residents at the farmer's market and café. (Appetite for Change)
- A gender neutral bathroom and changing area was installed in the YWCA in Uptown, Minneapolis. (Rainbow Health Initiative)

**Changes in systems.** There are a number of ways that the organizations have supported changes in larger systems. A few organizations described specific strategies they used to engage community residents differently in their work. Others have established coalitions that they want to support so that long-term community engagement can occur.

- The Lower Sioux Health Advisory Coalition was formed and receives ongoing support from AICAF as its policy goals are identified and refined. (AICAF)
- The Tribal Health Equity report was developed through a series of conversations with American Indian community members and focuses on identifying cultural norms and common beliefs around tribal health equity, wellness, positive change, cancer prevention, and tobacco control. The report findings were shared with Tribal Leaders and other community members. (AICAF)
- NorthPoint established a relationship with the Harrison Neighborhood Association that will allow residents to attend education classes in any apartment building. The relationship will reduce outreach time for NorthPoint and address the liability concerns apartment building managers had when non-tenants attended classes in their building. (NorthPoint)
- Community residents gave input that is being used to shape light rail transit station plans and designs that will be implemented as stations are built. (Hennepin County)
- The Good Food Advocacy Campaign was developed to engage local residents in educating others about the local food system and advocating for change. (Appetite for Change)
- The Mobile Lunchbox program was created to bring healthy food to children and youth. (The Open Door)
- The Lincoln Park Farmers Market was formed, which helps residents access healthy, affordable foods. (Zeppa Foundation)

### What types of challenges have the organizations faced thus far?

- **Staffing changes.** Nine of the 13 organizations experienced some type of notable staffing change during the past two years. Some organizations, particularly those small in size; had difficulty maintaining project momentum during those changes. Some organizations noted that changes in their partner organizations' staff also posed barriers, increasing the time needed to reestablish relationships and clarify expectations around the shared work.
- **Difficult partnerships.** Although it occurred infrequently, a few organizations had significant challenges working with a key partner. Often, these problems were the result of a lack of a shared vision and different expectations of the proposed work.



- **Pace of implementation and challenging timelines.** The organizations have proposed ambitious timelines, and some have experienced challenges when one aspect of their multi-layered work took more time and resources than anticipated. Timelines imposed by other systems beyond the control of the project also contributed to implementation challenges.

## What are the next steps for the organizations?

Eleven of the organizations will continue to receive funding through the HEiP initiative to support their work through 2018. This will provide these organizations with an opportunity to maintain their work, expand into new areas, and further develop their plans for long-term sustainability.

Some of the key next steps identified through the evaluation include:

- **Implement policy, systems, and environmental (PSE) changes.** Although a number of PSE changes have already occurred, the funded organizations have identified a number of changes they want to impact through their work. For some, their work will focus on engaging business owners, multi-unit housing managers, and other entities in adopting “model” policies that the organizations have developed to encourage healthy eating, increase opportunities for physical activity, or reduce tobacco use. Other organizations will be working on efforts outside of their organizations, such as creating policies to create a more equitable food system. A number of organizations will be also involved in efforts to influence city ordinances or other formal policies. In addition, some are looking at ways to align their internal practices and policies with health equity principles, using a Health in All Policies (HiAP) approach.
- **Maintain relationships with organizations and community residents.** Together, the organizations have effectively engaged a number of organizations and community residents in their work. For many, they see the need to nurture these relationships and foster a shared commitment to advancing health equity as a key aspect for sustaining their work.
- **Share lessons learned within and beyond the HEiP initiative.** Many HEiP-funded organizations are now at a stage in their work where they are changing their organizational practices, organizing coalitions to advance their work, finding effective ways to engage community members as partners, and advocating for specific policies. Some of these effective practices will be highlighted in upcoming “Promising Practices” and “Policy Briefs” summaries. However, conferences and other events and media outlets can also be an important way for the HEiP-funded organizations to share their work and inform others about effective strategies to support health and advance health equity.



# Description of HEiP funded projects

All HEiP-funded organizations are working toward the goals of improving health outcomes and advancing health equity, but vary considerably in terms of their size, past experience, geographic reach, primary target audiences, and planned implementation strategies.

## About the HEiP projects

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

<b>Name of funded organization</b>	<b>Brief description of planned work, target population</b>	<b>Target population(s)</b>
American Indian Cancer Foundation (AICAF) (HE, PA, TC)	AICAF works towards influencing the development of tribal policies and organizational practices using evidence-based and culturally-relevant approaches and changing social norms around commercial tobacco use within the American Indian community. They also foster coalitions and networks at the local, regional, and state levels and educate and empower 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 its Fresh Corners program, Appetite for Change is developing 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 growers, business owners, and residents.
Comunidades Latinas Unidas en Servicio (CLUES) (HE, PA, TC)	CLUES is working to improve access to biking and walking in the Latino community by partnering with businesses and organizations, as well as the Latino Student Wellness Program at Minnesota State University-Mankato to institutionalize physical activity and healthy eating policies. CLUES is also partnering with multi-unit housing complexes and other businesses and organizations in the Latino community to adopt tobacco-free policies.	Low-income Latino residents in Minnesota

<b>Name of funded organization</b>	<b>Brief description of planned work, target population</b>	<b>Target population(s)</b>
Cycles for Change (PA)	Cycles for Change plans to expand the leadership development opportunities within its Bike Library program and strengthen a network of individual and organizational leaders from under-represented communities to shape policy and the built environment to meet the needs of marginalized communities.	Primarily members of low-income communities, women, people of color, and new Americans throughout Minneapolis, St. Paul, and inner-ring suburbs such as Brooklyn Center through partnerships with non-profit agencies such as Hope Community, Comunidades Latinas Unidas and Servicio (CLUES), and Mujeres en Accion y Poder.
Hennepin County (PA)	Hennepin County plans to develop a systematic process for community engagement and incorporating health and health equity factors in station area planning for the Bottineau Transitway, as well as future Public Works projects.	Residents living along the Bottineau Corridor (North Minneapolis, Golden Valley, Robbinsdale, Crystal, Brooklyn Park).
Hope Community, Inc. (Hope) (HE)	Through its gardening and healthy food initiatives, Hope strives to engage residents and community members in activities that increase urban agriculture space, improve policies that support urban agriculture, and promote healthy eating.	Residents of the Phillips neighborhood in South Minneapolis surrounding Hope Community and others who participate in Hope programming.
NorthPoint Health and Wellness (NorthPoint) (TC)	NorthPoint Health and Wellness is working with residence councils to provide education, tools, resources, and guidance to multi-unit housing owners and residents in North Minneapolis interested in adopting non-smoking policies in their buildings. Their youth-led initiative, Breathe Free North, has gathered local data to increase support for restrictions on the use of e-cigarettes and the sales of flavored tobacco products in North Minneapolis. These changes would help reduce youth access to tobacco products.	Residents, multi-unit housing managers, and businesses selling tobacco products in zip codes 55411 and 55412 in North Minneapolis.
The Open Door (HE)	The Open Door is influencing policy, changing organizational practices, and building coalitions and networks to reduce health inequities related to food. They have implemented a Healthy Food Policy to increase access to healthy foods and are helping other food shelves and advocacy organizations learn how to adopt similar policies.	Community members in Dakota County with incomes at or below 200% of the Federal Poverty Level (FPL), including African American, Hispanic, East African, Asian, and Russian families.

<b>Name of funded organization</b>	<b>Brief description of planned work, target population</b>	<b>Target population(s)</b>
Pillsbury United Communities - Waite House (HE, PA)	Waite House will engage the community in authentic ways through the creation of four coalitions made up of target populations and representatives from the public, private, and non-profit sectors. The coalitions will focus on health equity in the areas of healthy eating and active living.	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 Influences policy and legislation related to LGBTQ health, leverages new and existing coalitions and networks to expand awareness of LGBTQ health issues, analyzes and reports on LGBTQ health data from its Voices of Health survey, engages in a variety of communications strategies to activate a base of supporters and advocates, and creates sustainable tobacco-free environments.	The LGBTQ population in Minnesota.
Vietnamese Social Services of Minnesota, Inc. (VSS) (HE, TC)	Through its partnership with Lao Assistance Center, Vietnamese Social Services (VSS) is working 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)	WSCO's gardening and healthy food initiatives are designed to engage West Side residents in activities that increase access to healthy, locally-grown food. The work focuses on increasing gardening space, improving policies for urban agriculture, and promoting the local farmers market.	Residents of the West Side neighborhood in Saint Paul.
A.H. Zeppa Foundation (Zeppa) (HE)	The Zeppa Foundation is using multiple strategies to improve food access in the Lincoln Park neighborhood of Duluth through the Fair Food Access Campaign (FFA) including: increasing community and home gardens, building or attracting a small grocery store; establishing a Farmer's Market and/or Farm stands; and offering nutrition and cooking classes in neighborhood programming.	Residents of Lincoln Park, a low-income neighborhood in the Duluth and a USDA-defined food desert.