Promising Practices

Through their Active Living for All (ALfA) initiative, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (the Center) awarded contracts to organizations throughout Minnesota to work on implementing policy, systems, and environmental (PSE) changes to support active living. During the course of the initiative, the Center reframed its work to promote health equity. This Promising Practices brief describes how three ALfA-funded projects: Get Fit Itasca (working in and near Grand Rapids), Live Healthy Red Wing, and Sawtooth Mountain Clinic (located in Grand Marais) used effective ways to introduce and advance the concept of health equity through their work in greater Minnesota.

Background

In 2013, the Center awarded contracts to nine organizations throughout the state. The primary goal for this collective work is to increase access and reduce barriers to routine physical activity by improving the active living environment in the funded communities. To accomplish this, the Center worked to support organizations' efforts to implement PSE changes; promote and support a focus on health equity; strengthen the leadership, capacity and resilience of organizations; and increase connections among organizations to promote active living.

Representatives from the funded organizations in greater Minnesota saw health equity as a critical lens with which to view and implement their work and saw their experiences as different from their colleagues supporting initiatives in urban communities. However, guidance on how organizations in small towns and rural settings engage in health equity work is minimal. Therefore, these organizations were asked to describe their definitions of health equity, their approach to the work, and how health equity may look similar or different to urban settings. This summary defines health equity from their perspective, shares lessons learned, and provides tips to other organizations interested in similar work.

About the projects

During the 5-year initiative, each of the three projects worked on active living priorities unique to their community. At a high level, their work resulted in a combination of visible changes in each community, such as street design and sidewalk connections, the development of city plans that will guide future projects, and new opportunities for community members to participate in work to improve health. Across all projects, a key element of their work was to engage community members most impacted by health inequities in identifying strategies to improve community health. Some of these key activities are described below:

- **Get Fit Itasca.**
  Over the 5-year initiative, Get Fit Itasca implemented a number of changes that created more opportunities for active living and environments that supported health in the communities of Grand Rapids and La Prairie, as well as for students at Itasca Community College. Over time, their work expanded to address both active living and other social determinants of health. Examples of their work include: implementing a free community bike share program, launching a community garden, establishing a food shelf coalition, and advocating for improvements in bikeways and trails.

- **Live Healthy Red Wing (LHRW).**
  LHRW worked to lay a foundation so all residents have the opportunity to be healthy. They used multiple strategies to increase residents' awareness of and behaviors around active living, including: organizing the Mayor's Task Force for Streets and Sidewalks for a Healthy Red Wing, implementing a community campaign to encourage neighborhood walks, and creating walking maps. These efforts contributed to changes in city policies that support active living. Their community disparities report card led to improvements in city planning and data gathering practices to identify and address inequities. LHRW also worked closely with the Latino community in Red Wing by first developing relationships with Hispanic Outreach and then working in partnership with the organization to support community leaders, foster engagement to inform city planning efforts, and elevate community priorities.

- **Sawtooth Mountain Clinic.**
  A primary focus for Sawtooth Mountain Clinic was a robust community visioning process that informed the redesign of the Highway 61 corridor through Grand Marais. In addition, they established a placemaking initiative that led to the addition of new murals, benches, bike racks, and picnic areas throughout the county, informed local planning processes and infrastructure plans, and advocated for sidewalk connections and signage to improve safety for pedestrians and bicyclists. They also hosted a summit for elected officials, city staff, and community members to discuss links between health and policy.

Defining health equity

According to the World Health Organization, "Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification."[1] However, the manner in which this definition is applied varies based on the population, the setting, and the cultural, political, and economic climate.

Three of the ALfA- funded projects took place in small towns, with populations ranging from 1,500 to 16,000 residents. They described using an equity-focused approach that considers social factors such as race, ethnicity, and disability status, and community characteristics, including access to transportation, to ensure all residents have the opportunity to live a healthy lifestyle. The project representatives appreciated that they could develop their own local understanding of health equity, rather than feeling pressure to adopt a definition used by the Center. For multiple projects, they emphasized that socioeconomic factors and geography were important considerations in their community.

> *[In our community, health equity] is not just about race, even though race is extremely important. We're looking at the health of our residents who have disabilities. We're looking at the health of our residents who have mental illnesses. We're looking at our seniors. We're looking at our youth. We're looking at the moms who have children in strollers. We're looking at the low income populations. [...] We're looking at all of our residents and making sure that all have opportunities to live a healthy lifestyle.*

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[1]   World Health Organization. (2018). Health Equity. Retrieved from: https://www.who.int/topics/health_equity/en/

Representatives of the three projects identified different ways that they demonstrate a focus on heath equity in their work. For example, when Sawtooth Mountain Clinic worked on Safe Routes to School, they considered how to you provide bikes to students whose families could not afford one and how to create opportunities for activity for youth who do not live close enough to walk or bike to school. For Live Healthy Red Wing, a key point came when realizing that their highly rated parks and trails system was not serving everyone in their community. By building relationships and hosting discussions, the organization identified what residents wanted to see in local parks, which became important considerations in future planning. They also made changes to recognize the bluffs not simply as a beautiful landmark, but as sacred land to the Dakota community. With Get Fit Itasca, they led community conversations and convened a community advisory committee to create new opportunities for physical activity and to improve biking and walking infrastructure in ways that would be most beneficial to the community.

Some of the project representatives noted challenges in talking about equity in their community, largely because it was a new concept for some people and a topic that hasn't been discussed explicitly in the past. One project representative noted that discussion in meetings or trainings made it clear that community members think about equity in a variety of ways. The project team's approach was to "start with the basics" so that everyone had some common language and understanding before moving into training or more in-depth planning in the community. Although one of the project representatives noted that there are some residents who are resistant to talking about health equity, over time, there have seen shifts in the conversations they are having. One notable example is the City of Red Wing adopting a racial equity plan and integrating language about health and equity into its 2040 comprehensive plan. Another project representative said that equity isn't a value that is shared by all, and that continues to be challenging to find ways to talk about it in a way that doesn't create barriers.

> *Many people had very different thoughts about what health equity is, what it should be…The definition very much will differ depending on if you were talking about disabilities, if you were talking about income, or if you were talking about race.*
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> *There's people who really didn't understand [equity] at all and who now have a better grasp on how what we do every day can impact the health of others. I think it has a tremendous impact on our community.*
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> *When outside of public health, talking about health equity deters people. […] Addressing equity isn't going to change overnight.*
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> *To be honest, for a city of our size, one of the things that really surprises me quite a bit is that we are talking about health equity.*

Practice-based approaches for advancing equity in rural settings

Together, the projects described health equity is an intentional practice that encourages individuals and organizations to think and act in a manner that addresses the root causes of health, to be open and inclusive of multiple perspectives, to remove barriers that prohibit participation, and to promote action that is responsive to community health needs. They noted that focusing on health equity means creating partnerships and relationships within the community, and being open and responsive to the needs of community and partners. One project noted that health equity is not about inviting a person of color to speak on behalf of a community, or going into areas that may be poor with preconceived notions about what is needed. While all projects emphasized health equity through their work, the approaches they used were unique to their community. Through the projects' work, representatives identified the practices they used to engage community and collaborate effectively.

Community engagement

Representatives from the three projects described multiple ways that they approached their community engagement efforts in ways that meaningfully involve residents, particularly community members most impacted by inequities.

- **Have conversations and listen to the needs of people.** Community engagement and outreach was a cornerstone of all the organizations' work. This included sharing information via social media or newsletters, and hosting community discussions that gave organizations and individuals the opportunity to hear from each other and build connections. This is not always easy; Get Fit Itasca understood that there was skepticism in the community among residents who had been involved in past planning processes and felt that those final products or designs did not reflect their priorities.

- **Ask people what works for them to be involved.** The organizations knew about certain disparities based on income or race/ethnicity that existed in their communities, but rather than making assumptions about what was needed, they took the time to ask communities affected by inequities what was needed to encourage participation or to help fulfill a need. Community member involvement across the three projects varied considerably. For example, while the leadership training Live Healthy Red Wing partnered with HACER to offer to Latino community members was a significant achievement, it was successful because it was in response to what the community wanted rather than what the project thought might be most useful.

  > *Inserting ourselves in unwelcome ways is not helpful. For me, I've learned a lot about recognizing and asking people, 'How does it work for you to be involved?'*

- **Make the activities obvious and easy for community members to participate**. In order to encourage participation from the entire community, it was necessary to use multiple modes of communication, and to determine existing barriers. The most common barriers were: transportation, child care, location, and time of day. Face-to-face communication was mentioned as the most effective, albeit time-consuming, strategy used to encourage participation. Holding meetings or activities in communities where people gathered or lived was another important tool for removing barriers.

- **Attend to relationships.** Through the ALfA initiative, the funded projects were able to invest more staff time and resources into community engagement and outreach activities. While this created more opportunity to hear from residents, relationship building still takes time and intentionality. One of the projects noted that relationships are particularly important in small towns, where residents tend to know of or interact with one another over longer periods of time.

  > *I think we formed a good, strong partnership because we had an opportunity to work with an organized group. So many of the other underrepresented residents of our community aren't organized in any way. Making connections is a real challenge.*

Collaboration

The project representatives also described a number of ways that they've worked to advance health equity through collaborations with other organizational partners.

- **Build partnerships to increase capacity.** Building relationships and partnerships was extremely important to the success and sustainability of the funded organizations work. Partnerships allowed the organizations to take on work that was overwhelming, such as increasing mental health services in the community or creating shared community spaces like a community garden and bike share program. Partnerships brought more perspectives to the table, allowed more people to benefit from the activities, and made continuation of the activities easier despite staff transitions. As the ALfA initiative came to an end, one of the organizations noted that they held individual meetings with each partner to clarify what work would continue and to reset expectations of how they could partner with less capacity.

> *We've learned we can't do anything without partnerships, especially in a rural area, to share resources has helped. If we had done this on our own we wouldn't have been able to accomplish anything.*

- **Optimize existing resources.** Using community resources and infrastructure was important. Some of the strategies included working with government agencies that had resources set aside for a specific project or task, and partnering with organizations that had established trusting relationships in different communities.

- **Be open to new ideas and perspectives.** The project representatives noted the importance of remaining open-minded to potential ideas. They looked for ways to meet people and organizations where they were in their understanding of strategies to promote active living and health equity, rather than imposing their own ideas on others. Hands-on activities and demonstration projects were also ways that community residents were able to share their vision and ideas about what would be most beneficial.

> *I thought based upon pre-ALfA work that we knew where barriers lie, but after community conversations and discussing equity, we learned there are a lot of assumptions. If we don't try to incorporate equity in all of our work, we limit ourselves.*

Challenges

The organizations also described challenges that they experienced when working to advance health equity. While not all challenges are unique to small communities, the strategies used to address these issues need to be driven by what works in more rural settings.

- **Uncertainty about the adequacy of community engagement efforts.** Despite all projects doing significant community engagement, all noted that there are groups that they may not have reached or perspectives that they did not hear. For example, although Live Healthy Red Wing gathered input from over 1,400 residents during 14 community events, they noted that with more time and staffing, they could have gotten input from more community residents to inform the city's 2040 comprehensive plan. Distance can further contribute to challenges understanding the priorities and values of a group of residents. One project representative reflected that while face-to-face interactions have worked well for gathering input from community members, it is time-consuming work in a rural county and it isn't clear whether the priorities and perspectives of a few people are reflective of the broader community.

- **Concerns about the unintended impacts of intentional recruitment.** Two of the projects also described needing to balance working primarily with residents most impacted by inequities and being open and inclusive to all. For these two organizations, they have tried to balance this potential tension by having an intentional focus on specific groups who they hope to engage in planning or involve in activities, while not excluding other community members. There was also concern about intentional recruitment leading to tokenism. Project representatives wanted to create spaces for community members, particularly people of color, to participate without feeling that they were being asked to represent their entire cultural community.

  > *Let's say we know there's a small group of parents who would greatly benefit from a class. […] The way to do it is to be open to all and be not as targeted, but in a way that is still reaching those who might benefit the most.*

  > *We had [an event…with] about 120 people there, including two African American people. I'm friends with [one of the two who attended], and she just said it was absolutely a horrible experience for her. She felt on the spot, like she represented all black people in our community, and that's a horrible place to be.*

- **Limited transportation options and difficulty engaging residents across long distances**. The organizations pointed to transportation as a barrier to doing effective community engagement that they had to overcome. While bike sharing programs can work in small towns, there are fewer options for community members who need to travel greater distances. One of the organizations suggested that it may be helpful to bring people together from across the state to discuss how they are addressing challenges related to limited transportation options or other gaps in resources.

  > *If people can't get a ride or don't have a vehicle, they are lacking in opportunities. We need to go to people, not ask them to come to us.*

- **Difficulty moving upstream to address policies and systems contributing to inequities**. Some of the organizations described their experience moving from direct service work to focusing more broadly on policy and systems work. One organization noted that many of their volunteers liked to be involved in short-term projects or developing programming, but had less interest in considering policy and systems changes. Although the organization's shift in mission was no longer aligned with some past volunteers' interests, they have been able to engage new community members in their work.

- **Limited data.** All of the organizations identified a need for monitoring or measuring their impact, but did not always have the resources to do so. Although there are sources of health-related data available at the state or by health plans, this information may not be readily available at the level of geography or disaggregated by race or age group, due to the small population of some communities.

Final thoughts

Additional considerations for advancing health equity in small towns and rural areas

While the projects focused primarily on describing how they approached their work in their specific community, they perceived some differences about doing active living work in small towns compared to more urban areas. One project representative noted that although organizations in small towns may be smaller and have less capacity, staff can get a lot done by collaborating with people who they know and where there is a history of working together. There were also some potential disadvantages. One project noted that transportation infrastructure projects in rural areas may not get the same level of attention and comparable funding support compared to urban areas because fewer people are impacted. The projects noted the importance of funders and policy-makers understanding the unique concerns and assets of small towns. While access to transportation, for example, is an issue across the state, the strategies for addressing this concern in rural areas will not be the same as in urban areas. One of the projects noted that the past recession and other changes in the economy have uniquely impacted rural communities.

> *Living in rural area, labor industries [like mining or timber] employ large populations. Mines shutting down and large layoffs lead to [concerns about] how will people afford healthy lives when not employed. In this area, there is a lot of pride. For people who haven't depended on someone to live healthy lives, it feels like they failed. [It's about] removing stigma from work around physical activity and healthy eating, [and instead] promoting it.*

Although rural communities have some commonalities, as noted by one of the projects, rural areas in Minnesota are not homogenous; each community has its own unique attributes and challenges that should be considered. For example, while overall demographic trends show increasing racial and ethnic diversity across the state, these changes are not happening at the same rate in all small towns. Some of the projects noted difficulty discussing racial and ethnic disparities with community members because of a real or perceived lack of cultural diversity. In contrast, one of the projects also noted that they are intentional in maintaining relationships with members of the American Indian tribe, while also being respectful of their tribal sovereignty.

Advice to other organizations

Work in partnership and involve the community

All projects emphasized the importance of working in partnership with other organizations to leverage resources and optimize staff time. One project noted that if multiple partners can start moving in the same direction, even while still clarifying their shared vision, it will build momentum. Another project noted that with limited resources and capacity, it is important that organizations avoid reinventing the wheel. The projects also emphasized the importance getting to know as many community members as possible, identifying the strengths of all partners, and looking for opportunities for creative problem-solving.

> *Living in a rural community means mirroring the strength of the community.*

Just start, even if the first steps are small

All projects noted that organizations interested in advancing health equity should not be inhibited by availability of resources. A large grant is not needed to start; organizations can begin small by introducing the term "health equity" and creating baseline definitions. In addition, the projects suggested starting by having conversations with other organizations and people in your community. As one organization noted, "Sometimes, all it takes is getting people together to figure out a problem."