

Heading Upstream Together— Developing a Children’s Health Initiative

**A Report on Community Discussions Convened by the
Blue Cross Foundation**

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Summary

Background. In late November and early December 2005, the Blue Cross Foundation convened a series of round table discussions around the state. These community-based meetings—held in Little Falls, Bemidji, St. Paul, and Owatonna—sought public input into the Foundation’s development of a new grantmaking initiative on children’s health.

This new initiative will seek to make a significant difference in the health of young children—especially minority and low-income children—by addressing key “upstream” factors that help to determine health. Program exploration is focusing on the connections between environmental issues, housing, early childhood care and education, and health outcomes.

The purpose of the community round table discussions was to bring people together to stimulate new ways of thinking about the intersections of their work and the opportunities to move “upstream” together. Over 60 individuals participated in the round tables, including representatives of child care, housing, environmental, faith, health, and community organizations.

Discussion during each of the meetings was enthusiastic and wide ranging. This report captures the themes and recommendations identified during these discussions.

Examples of existing programs and opportunities. Participants in the round tables identified a number of specific programs and broad opportunities that connect housing and the environment to the health of young children. These include supportive housing, green housing, a Red River Valley program on pesticides and human health, Mercury-Free Minnesota, the Phillips neighborhood lead project, health impact assessment, and development along transit corridors in the metro area.

Participants also discussed key partners important to collaborative efforts, including the medical community, local and county governments, nonprofit organizations, the regional initiative foundations, faith-based community leaders, and others. Participants stressed the need to involve grassroots leaders and organizations as well as larger institutional partners. And they spoke of the opportunity to engage local businesses in supporting local projects, so contributing to sustainability.

Challenges to working across sectors. While participants were enthusiastic about the potential impact of cross-sectoral work on children’s health, they identified several significant challenges for this work. Bureaucratic “silos,” for example, can make it difficult to address the interconnected problems families face, with fragmentation affecting nonprofit as well as government efforts. The policy and funding environment can also impede work within and across sectors. As one person noted, “How can we effectively and efficiently deliver services when the rules keep changing?” Participants called for long-term commitments to solve long-term problems.

Recommendations for the Foundation's investments in children's health:

- Focus on children in communities.
- Focus on income disparities and work where health disparities are greatest.
- Support social connectedness.
- Coordinate services and involve multiple sectors of the community.
- Work on the connection between housing/environmental issues and children's health.
- Encourage programs *and* communities to contribute to children's health through "upstream" strategies.
- Provide public education and clear action steps.
- Develop the capacity to engage community members.
- Address racism and cultural competence.
- Consider systems—and communication across systems—as well as families.
- Support advocacy and community organizing.
- Support strategic collaborations among service providers and within existing networks.
- Look at successful models as places where cross-sector work can begin.
- Focus on leadership development.

Recommendations for how the Foundation does its work:

- Keep the Foundation socially connected.
- Understand the issues facing communities—and their assets.
- Consider each community as unique.
- Consider the special circumstances of Native American and rural communities.
- Plan, from the start, how to bring efforts to scale.
- Make a long-term commitment and be open to multi-disciplinary approaches.
- Retain the ability to support emerging issues.
- Require funded initiatives to follow civic standards.
- Leverage the connection between the Foundation and other Blue Cross components.

Additional suggestions for the development of program guidelines included: Don't be too prescriptive; include planning, collaboration, communication, and shared learning components; support nontraditional partnerships across sectors; provide multiyear funding and make fewer and larger grants; incorporate evaluation from the start; develop criteria for small and large communities; plan for sustainability; consider providing more funding for rural communities, where fewer resources are available.

Next steps. Foundation staff are using the rich round table discussions to develop recommendations for a grantmaking initiative to be reviewed by the Foundation's board of directors in March 2006. Program descriptions and a request for proposals will be publicized in the spring, with the first grants expected to be made in September 2006.

The Foundation is committed to shared learning and will be distributing a summary of the discussions and a list of participants to all those who took part in the meetings. The Foundation will also convene grantees to continue talking about these issues throughout the life of the program.

Introduction

In late November and early December 2005, the Blue Cross Foundation convened a *series of round table discussions* around the state. These community-based meetings—held in Little Falls, Bemidji, St. Paul, and Owatonna—sought public input into the Foundation’s development of a *new grantmaking initiative on children’s health*.

This new initiative will seek to make a significant difference in the health of young children—*especially minority and low-income children*—by addressing key “upstream” factors that help to determine health. Program exploration is focusing on the *connections between environmental issues, housing, early childhood care and education, and health outcomes*. The program will draw on what is known about community-based health, early childhood development, housing, and the environment, as well as lessons from the Foundation’s Growing Up Healthy grant program.

The purpose of the community round table discussions was to bring people together to *stimulate new ways of thinking about the intersections of their work* and the opportunities to move “upstream” together. Specific goals for the meetings included:

- Gain an understanding of what upstream work might look like in each of the sectors identified.
- Solicit input on ways to integrate environmental health into other program areas.
- Look for intersections between the work of different sectors.
- Learn of examples of community-based efforts to address social determinants of health in the region.
- Assist the Foundation in identifying desired outcomes for this grant initiative.
- Help shape the Foundation’s funding strategies for addressing environmental and health disparities that disproportionately affect children, minorities, and low-income communities. (Examples: consensus building and networking; development and dissemination of innovations and best practices; policy change; and strengthening the connection between non-traditional partners to address social determinants of health.)

Over 60 individuals participated in the round tables, including *representatives of child care, housing, environmental, faith, health, and community organizations*. (Participant lists are included in Attachment A.) The Initiative Foundation joined the Blue Cross Foundation in co-hosting the meeting in Little Falls, the Southern Minnesota Initiative Foundation assisted in Owatonna, and the Indigenous Environmental Network and the Native American Resource Center co-hosted the Bemidji meeting. The Twin Cities meeting took place at the Minnesota Humanities Center in St. Paul. Blue Cross Foundation program officer Lisa Simer introduced the Foundation and moderated the discussion at each session. Attendees also included other Foundation staff and consultants.

The two-and-one-half-hour meetings began with a general welcome and lunch, which provided an *opportunity for participants to connect with one another* informally.

Following introductions, Simer provided an overview of the Foundation's purpose, goals, and new direction. (This information is summarized in Attachment B, which was provided to participants at the meeting.)

As Simer explained, the Foundation is committed to looking at the social and environmental factors that affect health. While health plans seek to improve or change individual behavior or access to health care, the Foundation's particular niche is *looking beyond health care today for ideas that create healthier communities tomorrow*.

Simer explained the Foundation's "journey upstream" to its new direction with the "parable of the river" (Attachment C). Following intensive research and consultation with communities, Blue Cross Foundation is focusing on *four strategic initiatives* to "keep babies from getting in the river in the first place." These initiatives include:

- Creating community with New Americans (the Foundation's recently launched Healthy Together program);
- A children's health initiative, focusing on the social determinants of health and their impact on the health and well-being of children from birth to five;
- Leadership recognition and development; and
- Public awareness and policy support.

The round table discussions will help to guide the development of the children's health initiative in late 2005 and the first half of 2006. (Leadership and policy initiatives will also be developed in the first part of 2006.)

Specific questions for the discussions included:

- What are examples of programs that connect health with environment, early childhood development, and affordable housing in your community?
- Where are the opportunities to strengthen this connection? What are the challenges, specifically, from a regional/rural perspective?
- Suggestions for strategies for collaborations between sectors?
- What support or assistance do collaborations need in order to be most effective and what recommendations for a grant program focusing on these determinants?

Discussion during each of the meetings was enthusiastic and wide ranging. As one participant commented, "These are great pieces you have here—affordable housing, early childhood development, environment, health." Participants appreciated the opportunity to contribute to the Foundation's program development process and to connect with one another.

This report captures the *themes and recommendations identified during these discussions*. It draws on notes from the Little Falls, Bemidji, and Owatonna meetings prepared by Penelope Snipper, a consultant to the Foundation; on observation of the Twin Cities round table; on meeting evaluations completed by participants; and on notes provided by Lisa Simer.

Examples of Existing Programs and Opportunities

Participants in the round tables identified a number of specific programs and broad opportunities that *connect housing and the environment to the health of young children*. These include:

Supportive housing. Over the last 25 years, supportive housing—linking social services to housing—has developed to the point, according to one participant, that it is the “go-to strategy” for dealing with the problems of homeless families, who are typically wrestling with mental and chemical health concerns. This strategy provides a way to *stabilize families and reach very high risk children*. A participant commented that supportive housing would be a good place to focus school readiness programs.

Green Housing. “Green housing” *connects health with the home environment*. The Minnesota Women’s Indian Resource Center, for example, is working with the Women’s Environmental Institute to address environmental concerns connected to low-income housing stock in the Phillips community. Another example is the Minnesota Green Communities project. Pilot funding from the Greater Minnesota Housing Fund, the Family Housing Fund, and Enterprise will support four demonstration projects in Minnesota (2005-2007) totaling 180 homes, providing affordable green housing to renters, homeowners, and residents in supportive housing. Minnesota Green Communities will support the production of affordable homes that have markedly reduced energy costs, use materials beneficial to the environment, are based on conservation-minded land use planning, and provide healthy environments for children, families, and communities.

Red River Valley program on pesticides and human health. This program is focusing, in particular, on *children and pregnant women* and is soon to be expanded elsewhere in the Dakotas and Minnesota. Partners include the Minnesota Institute of Public Health, the Minnesota Center for Environmental Advocacy, and Clean Water Action. The program shows what can be accomplished by a *collaborative approach*, with, according to one participant:

toxicologists, extension agencies, commercial applicators, industry—all working with farm families on simple prevention measures that can significantly reduce negative impacts.

The program identifies “simple, actionable” *steps to reduce risk*, such things as suggesting families bathe dogs out in the field all day before the dogs are allowed to sleep with children.

Minnesota Women’s Indian Resource Center is one of a number of organizations that *see the connection between the human services programs they provide and environmental issues* that affect the health and well-being of their constituents. In the Phillips neighborhood, for example, the Center has joined with others to work on arsenic poisoning, and has requested EPA soil testing on the site of a daycare project. But

our agency can't address some of these issues because we're so overwhelmed with chemical and mental health, family violence, homelessness.

Mercury-Free Minnesota. A number of participants are involved in an effort to reduce mercury emissions from coal plants in Minnesota. The initiative, which includes about 40 members, is using *public education strategies* to build public awareness. Based on polling on the issue over the last six years, participants point to increased awareness of pollutants and contaminants.

Phillips neighborhood lead project. A number of Twin Cities participants met one another through the Phillips neighborhood lead project in 1991. The 10-year project used the idea of healthy housing to *engage the community* on housing, early childhood, environmental, and health issues.

New program connecting research, healthy housing, and changes in human service delivery. Several organizations are meeting informally to explore the possibility of collaborating with Hennepin County family services. Participating families would receive comprehensive assessment of their homes and of family stability, children's stability, stressors, and financial management—assessment more comprehensive than a housing or case worker would ordinarily do. These assessments would lead to an *inventory of family assets and needs*. A “family connector”—a single person per family—would help the family understand the information and make choices about what to work on and the resources they have and can access. The connector would help families *navigate the system*:

The idea is that as the family circle stabilizes, Sustainable Resources can get in there to do healthy housing education because the family is more open to it. We're hoping to design something like a controlled study to connect healthy housing and human services versus those that do it in a traditional, unconnected way. We would look at how much information they absorb versus the old way, how they make behavior changes versus other families, and child development, health, stability changes in families with a health connector versus those without.

Health impact assessment, a methodology more used internationally than in the U.S., looks at health outcomes *related to non-health investments*—enabling the public to “tweak the investments to make them even healthier,” according to a participant. The World Health Organization defines a health impact assessment as

a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Development along transit corridors in the metro area. One participant in the Twin Cities pointed to the opportunities to engage the community around health, environmental, and housing issues as development along the new transit corridor is planned:

National experts suggest that at least 80,000 [housing] units will be built along these corridors. It's a great opportunity for people in these communities to influence how

development happens. Typically communities aren't at the table, so gentrification and displacement occurs. This offers lots of opportunities in newly developing areas to build affordable housing so people can have the opportunity to live and send kids to school in neighborhoods that have more potential.

Additional programs mentioned by participants included:

- Minnesota Community Action Agencies
- Minnesota Early Childhood Initiative
- Environmental Action Group of the Great Lakes
- Preventing Harm Minnesota
- Youth Build
- Greater Minneapolis Daycare Association indoor air quality initiative
- Baby Tracks
- Family Services Collaboratives

Key partners. Participants also discussed key partners important to *collaborative efforts* to address children's health through housing and environmental strategies. The medical community, for example, can play an important role in creating and implementing strategies, according to participants. And the regional initiative foundations have already created effective collaborative efforts that could be moved to the next level. Participants stressed the need to involve *grassroots leaders and organizations as well as larger institutional partners*. They also spoke of the opportunity to engage local businesses in supporting local projects, so contributing to sustainability. And they noted that counties are the only governmental entity in Greater Minnesota that addresses all three areas (housing, environment, health).

Additional partners identified by participants included:

- Local and county government
- Nonprofit organizations
- Faith-based community leaders
- Community Action Programs
- United Way
- Environmental Justice Advocates of Minnesota
- Women's Environmental Institute

Challenges to Working Across Sectors

Participants were enthusiastic about the potential impact cross-sectoral work could have for children's health. At the same time, however, they identified significant challenges, including:

Bureaucracy and fragmentation. The structure of institutions is not conducive to dealing with families holistically, and bureaucratic “silos” can make it difficult to address the *interconnected problems* families face. One person explained,

If you deal with a family on one issue you have to deal with them on every other issue. Otherwise you won't be successful. They can't listen to you on lead poisoning if they're about to be evicted.

Often the services provided to families are fragmented by the parameters of *funding and regulations*, causing one participant to cite, only partly in jest, the need for a “bureaucrat connector” as well as a “family connector.” Another person called for “crossing silos and disciplines and thinking in a more organized and integrated way.” Among the anecdotes provided by participants was the story of a family in North Minneapolis with nine children who were served by 30 separate programs and 14 caseworkers.

Fragmentation affects nonprofit as well as government efforts. As one participant noted,

I've worked with most people here and we didn't know that the Minnesota Women's Indian organization wanted to do something about environmental health—even though they're just down the road. It's hard even in the nonprofit sector, even in your own niche, to keep connected.

Changing priorities and loss of funding. The external policy and funding environment can impede work within and across sectors, according to participants. One person commented,

Major systems keep changing priorities and the legislature keeps yanking funding.... How can we effectively and efficiently deliver services when the rules keep changing in the external environment?

Long-term commitments are needed to solve long-term problems:

Families don't get into trouble in six months. We need long-term programs. It's made very difficult in shifting systems....

Many participants see advocacy as necessary to long-term support, but engaging those most affected in advocacy and political action brings its own challenges:

The answer is engaging communities in the political process, but how can we get there when they're just trying to get out of bed every day?

Recommendations for the Foundation’s Investments in Children’s Health

Round table participants had many ideas for the Foundation’s cross-sectoral, community-based work on children’s health. This section describes recommendations for the focus of the Foundation’s investments, while the next section includes recommendations for how the Foundation goes about doing the work.

Focus on children in communities. Participants were enthusiastic about the Foundation’s intended focus on early childhood in communities. This approach, they believe, has the *potential to reduce health disparities and leverage community engagement*:

There’s a lot that could happen... if we found mechanisms to have communities come together and think about what the kids are getting in those communities and what they need.... This could be very energizing....Focusing on kids, and seeking community input, as if citizens mattered and had good ideas.

Participants emphasized the impact of health on the overall development of children and, in particular, on their *ability to learn*. As one person said, “Children can’t learn if they are not healthy.”

A broad range of *issues that affect child development* surfaced during the discussions, including the following:

Health Issues

- Mental health issues affecting children and their parents
- Substance abuse by parents (methamphetamines in particular)
- Second-hand smoke
- Childhood obesity

Health Care Issues

- Assessment and screening
- Lack of access to care for mental and dental health
- Cultural and language barriers between families and caregivers
- Prenatal care
- Disparities for the under- and uninsured
- Primary care and prevention in rural areas
- Lack of physicians and dentists in rural areas

Social/Political Issues

- Poverty
- Transportation
- Education and outreach—both community-wide and for service providers
- Communications
- Public awareness and media campaigns
- Advocacy and public policy
- Environmental justice

Participants noted the following health and social/political issues as important to the development of *children in Native American communities*:

Health Issues

- Diabetes and pre-diabetes
- Fetal alcohol syndrome/fetal alcohol effects
- Depression—in children and in the community
- Diet

- Lead
- Drug abuse (including meth)
- Smoking

Social/Political Issues

- Poverty
- Racism
- Migration
- Restoration of culture/native language

According to participants, focusing on children has the added benefit of *uniting disparate interests*:

If you take all the things we talked about and say, “Kids have a right to be healthy and to grow up in healthy environments”—that ties all of us together, instead of looking at individual pieces.

Participants noted that schools, Head Start programs, and health clinics are central access points for health care and education. Several said that collaborations may be easier in smaller communities, where people know one another.

Focus on income disparities and work where health disparities are greatest. As one participant noted, “Disparity in income has a huge effect on health outcomes.” Another person urged support for policy change on minimum and living wages: “We need to do ground level work in those areas, creating a climate for those changes.” These efforts are especially important now, when “access to jobs and training has pretty much dried up in the MFIP program.”

Participants also noted *populations with the greatest disparities*, including Native Americans:

Disparities are worst in Native American families, who have the highest rates of suicide, infant mortality, diabetes, homelessness, chemical dependency, mental health issues, and family violence.

Support social connectedness. Participants commended the Foundation’s interest in social connectedness as a *key factor in determining health*. One person commented,

Your devotion to social connectedness is really wise.... So many don’t realize that’s a first condition for getting things done. Until people see themselves inside problems and solutions and muster the will to address them, expertise doesn’t matter and your money doesn’t matter.

Participants noted that *religious congregations* already play a role in fostering connectedness and can enhance that role.

Coordinate services and involve multiple sectors of the community. Many participants noted the importance of providing families “what they need in a coordinated way, all at one time.” As one person said, “One issue doesn’t make a family homeless” (though it can be the tipping point). Current services are often extremely fragmented:

[Services are] provided at great expense but if you miss a key lever, the objective of promoting wellness fails. Often it’s housing that’s missing.

One person commented that the family physician is the primary person parents look to for information about their child’s health, so engaging the medical community in any community-based education is critical. However, participants also stressed that *health must not be the concern only of health organizations* but “must connect other players, [not just] the usual suspects.” As one person said, “People do not live segmented lives;

they live integrated lives.” Information efforts would be critical. They commended the Foundation for planning to involve multiple sectors:

A public health approach suggests that we not just go to public health officials. By definition it’s multiple sectors of the community: faith, law enforcement, education, etc., etc. The connections Blue Cross is describing are very exciting and very needed.

The *human service sector* has an important role to play in addressing social determinants of health, based on recent research at the University of Minnesota. The research looked at child development outcomes, focusing on the Phillips neighborhood. Researchers originally thought that exposure to lead would play a key role in children’s physical and mental development but discovered to their surprise that the *cognitive and emotional assets of parents* were more important determinants of their children’s development:

Regardless of how much lead was in the home, cognitive and emotional assets of the mother had greater influence on outcomes. Kids with moms with strong assets had good outcomes and kids with moms with weak ones had lead poisoning. My point is while it’s important to do upstream stuff, we’re pretty far away from being able to wipe our environment clean. In the meantime, we need to figure out who’s most at risk and how to intervene to protect them....

The collaboration we’re talking about would marry housing, emotional development, and family supports. The idea is we can try to remove toxicants. It won’t happen overnight. We can try to educate so families live lead-free or pesticide-free. Research shows that to be only minimally effective. If we can work at the level of stabilizing the family around issues they find most important—so it’s family centered—then they can be in a position to prioritize environmental health. They can do what they need to do. So the sector to bring in is human service support.

Work on the connection between housing/environmental issues and children’s health. Participants endorsed the Foundation’s interest in looking at the relationship between housing and environmental issues and the healthy development of children. They noted the *economic and political implications* of these issues as well as the *need for research and public and inter-agency communication*. The following were among the host of specific issues cited in these areas:

Housing Issues

- Lack of affordable housing, especially for young families and for immigrants with large families
- Lack of capacity in shelters
- Need for supportive housing and for ongoing operating support
- Need for outreach and education on home ownership, including culturally appropriate training materials
- Mobility/migration, affecting school attendance and performance
- Old and dangerous housing stock, causing or contributing to health problems
- Lead, radon, indoor air quality, exposure to toxins from meth labs, and other environmental concerns
- Zoning

Environmental Issues

- Exposure to radon, mercury, lead, PBDE, asbestos, mold, and toxins in meth labs
- Cumulative impact of chemicals
- Need for statewide assessment of toxins
- Lack of opportunity and accountability—public health, child care, homeowner—to address chemical exposures and need for guidelines for removing toxins in homes
- Renters’ fear of losing housing
- Cross contamination and hygiene issues in home child care
- Education for child care providers on contaminated edible species
- Relation between community design and childhood obesity
- Education on dioxins in prenatal care

- Racism
- Community understanding of housing issues
- Shifts in the economic and political climate
- Environmental racism
- Destruction of native heirloom seeds (GMO)
- Indoor air quality (in homes and day care centers)

Community conditions in each region affected the way participants perceived the housing and environmental issues of greatest concern. For example, in the Bemidji area, where the three Native American reservations experience entrenched poverty and unemployment, participants identified as critical the need for changes in housing policies and for addressing the degradation of existing housing. The number of Latino and African immigrants in the Owatonna area heightened the awareness of the need for culturally appropriate materials for home ownership training in these communities.

Encourage programs and communities to contribute to children’s health through “upstream” strategies. Participants noted a number of ways *existing programs and services could adapt or add activities* that would contribute to the healthy development of young children. Recommendations included encouraging organizations to work with childcare providers to address environmental and health issues, and conducting and disseminating research on effective strategies.

Training has the potential to be a key strategy. For example, training could enable doctors and other health care providers to incorporate environmental health information in their patient care, reducing children’s risk of exposure to toxins such as lead and mercury. And training could enable individuals who do lead abatement in Greater Minnesota to also do indoor air quality assessments and remediation. In addition, participants identified a critical need, especially in rural communities, for training to help childcare providers recognize and make appropriate referrals for young children with mental health issues.

A *community-based approach* can be especially effective, according to participants. For example, communities can come together to *prioritize health issues*—e.g., neighborhood safety, exposures to toxins inside and outside homes—and develop community-wide strategies to address them. One participant described a community garden project that could engage community members around healthy eating, restoration of native foods, and environmental issues. A few participants spoke of the value of *community visioning* processes.

Participants recommended that community-based projects include the following characteristics:

- a community service focus
- an intergenerational approach that involves entire families and engages youth in creating solutions
- connections to existing programs and organizations in each sector

In addition to health impacts, benefits of such community projects would include community building, energy, hope, and sustainability.

Provide public education and clear action steps. Participants expressed a need to create public information strategies and identify action steps. For example, information could be disseminated about the importance of washing clothes worn when applying pesticides separately from the rest of the family’s laundry.

Participants also discussed the opportunities for *statewide public information campaigns* to affect child and family health. Examples included:

- Raise awareness of how community design affects health—e.g., through walkable neighborhoods and access to green space.
- Focus on the effects of a particular health contaminant on children and the opportunities to remove or mitigate it—e.g., “get the lead out,” mercury, methamphetamine, or second-hand smoke.

Participants agreed that *organizations need support (both technical and monetary) to develop effective campaigns.*

Develop the capacity to engage community members. Successful programs need to develop the capacity to reach and engage “average” community members. Participants cited *strong public interest in both health and environmental issues*, often with the well-being of *children as a focus* of both. According to one person:

It’s the good parents and the not-so-good parents who love their kids. They want what’s best for their kids. They may not be able to do it for themselves or do it in the best way....

Environmental problems in particular—“terrible things like lead or arsenic”—can be good *catalysts for community organizing* efforts: “They’re a great way of getting people—all people—engaged in the community.” Another person said,

Use these terrible degradations as organizing tools.... If you still have anger you have something to work with. It’s when it gets to despair that things begin to feel hopeless. The physical environment has lots to get angry about. It’s also the one thing that we can change. We can’t change who we were born to. We can’t easily change public policy.

Examples of specific engagement strategies cited include talking about mercury and fish consumption and pesticide-free lawn care, offering cooking classes that stress healthy/organic food, and organizing community gardening projects. A participant commented,

Once we engage community residents and educate them about the dangers posed by these toxins, we can then help them to move to the next level—questioning why we have these contaminants in the first place, and then to working for policy changes. But routinely people don’t get information. We need the capacity to get the word out.

According to one participant, a baseline community engagement strategy involves listening to community members:

Be where the community is. Don't take a particular agenda.... Listen first to the voices.... Ask, "What are your hopes, dreams, and goals? How do you spend your day? If you have problems, who do you turn to? What kind of support will let you realize your hopes, dreams, and goals?".... Then share that information with other community resources—businesses, congregations, district council, schools, community service organizations—and engage them in seeking solutions.

Participants also pointed to the success of *strength-based and asset-based approaches* to community engagement:

Look at the research about engagement, at what's happened in particular with communities of color around the nation.... And search internationally as well, looking at other countries [with] little resources. People need to be very creative and entrepreneurial. We can learn a lot from what's happening elsewhere.

Another participant offered this advice:

Action is precipitated by what pisses parents off. It's got to be about building job opportunities to solve these problems. Many human service organizations don't know how to organize this way. There needs to be funding for training and for community organizers to do that work.

Others spoke of the *leadership role youth could play*, in schools, with younger children, as community leaders, and in other areas.

Address racism and cultural competence. Participants, especially those in Greater Minnesota, spoke of the need to address racism and cultural competence in all efforts to engage the public and strengthen services and systems. *Minnesota's changing demographics* only heighten this need. Participants also noted that culturally competent staff and culturally appropriate materials are critical to efforts to address health disparities for people of color and people living in poverty.

Consider systems—and communication across systems—as well as families. Participants spoke of the numerous "systems" (e.g., schools, courts) that affect families and those seeking to support them, noting the need to consider how systems can both *impede and support accomplishments*. One person said,

Answers aren't held within systems, but they [institutions and systems] have resources. They bring one part. It has to be community driven, but [institutions and systems] are allies.

Another person commented that "the weakness may be in systems not talking to each other," while still another cited the problem of communicating across systems without breaching confidentiality.

Working with and within systems effectively will require creative and *innovative thinking*. For example, helping families without creating dependence on government or other systems may involve thinking about systems in a new way. One participant cited work in Costa Rica on domestic violence:

A lot of women will automatically go to shelters.... Why do women and children have to leave the home? Instead, have the aggressor leave, which then doesn't necessitate creating a whole shelter system.

Support advocacy and community organizing. While public education and outreach are important, participants noted a need to move beyond these strategies to include community organizing and public policy advocacy. One participant, for example, said that publicizing action steps to ameliorate the impact of health contaminants was a positive approach, but

we need to take that a step further, beyond education, to advocacy work to stop exposure in the first place. And let's not limit this to advocacy to the victims. Let's find safer alternatives....

Someone else talked of the decisions being made “below the radar screen” in public agencies: “People aren't tuned in.... Advocates need to be involved.” Another person spoke of involving “neighbors” in advocacy

around what they see for their children and how they can get engaged. People need to see themselves as having agency and a role to play in politics and policy development.

A number of participants spoke of the *perennial difficulty in getting funding for advocacy* and urged the Foundation to consider supporting it.

Additional recommendations. Participants had these additional recommendations for the Foundation's investments in children's health:

- Support *strategic collaborations* among service providers and within existing networks.
- Look at *successful models*—e.g., Family Services Collaborative, Community Action, Head Start—as places where cross-sector work can begin.
- Focus on *leadership development*.

Recommendations for How the Foundation Does Its Work

Keep the Foundation socially connected. In addition to supporting approaches that build social connections within communities, the Foundation must also build and maintain its own social connections, according to participants:

Not just every once in a while. How does the Foundation stay socially connected ...not just sending money and ideas upriver and waiting...? ...How can we know we can count on each other and hold each other accountable?... We're in relationship with each other [the other organizations]. You need to stay in relationship with all of us.

Understand the issues facing communities—and their assets. The round table discussions provided an overview of the *complex, inter-connected issues* faced by many of the state's communities. Issues noted included: Poverty and the sense of hopelessness it can engender; lack of jobs paying a living wage; racism; the need for visionary leaders, especially in rural communities; environmental justice; aging and substandard housing stock; lack of resources, incentives, and trained personnel to address health contaminants and environmental issues, especially in Greater Minnesota; lack of childcare and health care workers trained to educate families; and family stability and its impact on the mental health of infants and toddlers.

Participants also spoke of the challenges communities face in attempting to address these issues. The complexity and inter-connection of the issues heighten the challenge, especially in terms of *environmental factors that can affect the economic well-being of communities*, and the racism and classism that often arise in developing strategies to address environmental health.

Additional challenges identified by participants included: The lack of consensus on “safe” levels of exposure for known toxins, especially for children; the lack of access to information; the lack of coordination among programs and sectors; the lack of resources and coordinated strategies for addressing health issues, including children's mental health; family mobility; the need for land use and housing policy changes in Greater Minnesota; the need for the long-term funding required to address complex social issues and ensure the sustainability of changes; the need to develop organizational capacity, especially for smaller organizations.

While considerable discussion revolved around community issues and challenges, participants urged the Foundation to *focus on community assets*, not deficits, in program development and grantmaking. The examples of programs and opportunities identified earlier are among those assets.

Consider each community as unique. Despite the similarities of the issues facing many communities, participants stressed that *what works in one community may not work in another*. As one person noted,

There's no cookie cutter.... The Foundation must look differently at different communities and at what success looks like in each one. Not every community has an arsenic problem.

Consider the special circumstances of Native American and rural communities.

While the underlying issues are similar across communities, and poverty and racism affect all communities, participants in several of the individual round table discussions made the case for the special *challenges and opportunities* in Native American and rural communities. Participants described the social and economic circumstances of these communities, including *lack of employment and living wages*, shortages of doctors and dentists, transportation issues, and a general lack of resources available to metro area communities and organizations. Issues specific to Native American communities include the impact of colonization and the loss of language; the need for coordination between tribes while recognizing the unique aspects of each group; and the issue of sovereignty and the relationship of tribes to the surrounding communities. At the same time, participants emphasized the assets of rural and Native American communities, including *cultural resources*, successful programs, and existing collaborations.

Plan, from the start, how to bring efforts to scale. While pilot or model programs are important, participants spoke of the need to bring efforts to scale or replicate approaches broadly if the “social conditions that affect people’s lives” are to change. They urged the Foundation to consider how to do this at the start:

Connection to scale or potential to replicate has to be part of the Foundation’s consideration. We’ve seen many excellent local efforts that have done something wonderful for a short period of time but couldn’t keep going or be replicated.

One person suggested including a research component that’s “grounded in replication.” Others spoke of the need to *evaluate programs* or strategies before bringing them to scale.

Make a long-term commitment and be open to multi-disciplinary approaches. The issues the Foundation is addressing will not be resolved quickly, and participants urged the Foundation to stay the course: “Foundations keep changing what they do and that’s really hard.”

At the same time, participants hope the Foundation will be *flexible and open in its expectations*. As one participant said, “The problems are interdisciplinary and so must be the solutions.” If the Foundation wants to encourage integration and cross-sector collaboration, according to another participant, it should be open to seeing that integration in the proposals it reviews:

So if you want an integrated approach, our proposals need to look like that too.... Sometimes things are going to be weighted in different ways in proposals. I don’t know how to tell you how to do that, but please be open to that multi-disciplinary approach.

Retain the ability to support emerging issues. One participant urged the Foundation to have enough flexibility to address *emerging environmental health threats* (endocrine-

disrupting chemicals, for example) as well as those that are now known. Such flexibility would enable the Foundation “to be truly ‘upstream’ and preventive.”

Require funded initiatives to follow civic standards. Such standards include involving people experiencing problems in defining solutions and *recognizing that all stakeholders have something to contribute* to the solutions. As one participant noted, “Approaches that build democracy and citizenship are not apart from what we do—they are how we do it.”

Leverage the connection between the Foundation and other Blue Cross components. One participant urged the Foundation to consider how its own work might serve as a “*learning laboratory*” for other parts of the corporation so they are informed by it and not working in “distinct silos.” Another person spoke of how the corporation could be involved in streamlining the early childhood screening process and getting health information into the hands of families. And another noted the “access” that Blue Cross and other health plans can provide so programs can train physicians, for example: “This doesn’t require money from the corporate side but access is so valuable.”

Additional recommendations. In addition to the above recommendations, participants had the following suggestions for the *development of program guidelines* and a request for proposals for the new children’s health initiative:

- Don’t be too prescriptive: Take risks, be open to new approaches, and allow communities to frame their own issues and create their own projects.
- Include planning, collaboration, communication, and shared learning components.
- Move beyond the “usual suspects” to support nontraditional partnerships across sectors.
- Provide grants to support planning and offer training in grant writing.
- Provide multiyear funding, beyond two to three years.
- Make fewer and larger grants.
- Reserve funds to support research and development.
- Incorporate evaluation from the start.
- Build in time between notification of the grant and the start of the project.
- Develop criteria for small and large communities.
- Plan for sustainability after the grant concludes.
- Consider providing more funding for rural communities, where fewer resources are available compared to the metro area.
- Support community organizing as a strategy.
- Support organizational capacity building.
- Support training.

Additional Comments and Suggestions

These additional comments are drawn from the round table discussions and the meeting evaluations:

In housing, a key piece is simply enforcing city housing codes.... Families living in substandard housing conditions need access to legal representation.... Legal work is going on but there's not a lot of coordination.

Homeless children today outnumber Minnesota's entire homeless population in 1991.

One of the major issues for immigrants is isolation. Where can we get information? Can we trust the information?

Domestic violence gets in the way of achieving hopes, dreams, and goals; it gets in the way of rental housing, jobs, children.

An article in the Journal of Urban Health analyzed different types of partnership and coalitions deemed successful in focusing on health improvement. It looked at two distinct patterns: A community-based, high citizen involvement approach that tended to focus on a broad array of issues addressing immediate needs. And organizational collaboratives focusing on a health issue. Both approaches were deemed successful. The suggestion at the end of the article was: Pay attention to what a group is trying to accomplish and make sure it is set up to be successful.

We see the linkage between gender violence, chemical dependency, and the next generation of children with fetal alcohol syndrome. It's a huge problem in all our communities that directly affects child development, housing, and health. You can throw them in jail all you want but if they're brain damaged, it won't help. They don't understand what they did.

There's potential to see how the nonprofit sector can work together. For example, doing fundraising collectively, more sharing of resources. We're beginning to realize we have to do that, but it ain't going to be easy.

If every organization has their own community organizer, those are low-wage jobs. But what if organizations could lend community organizing efforts to social service organizations, showing them how to hit the ground running. A social service organization might not know how to supervise a community organizer.

How do you as a foundation help other foundations understand health from a public health perspective and what public health accountability they need to have at foundations?

In terms of work that your program area might address, I felt I heard consensus around and/or the need articulated for: education and identifiable action steps (e.g., washing pesticide applicator clothes separately from the rest of the laundry), advocacy for policy change re "environments" and toxicant exposures (i.e., get the dangerous substances out of the pesticides in the first place), and assistance to mitigate tangible toxicant exposures (i.e., lead remediation, etc.).

I can also see enormous benefits from helping parents on the social end by developing their social and cognitive assets. That said, I would take issue with ... [the] perspective that addressing something like lead as an environmental toxicant is insurmountable. I disagree. I believe not only is it important for parents and community members to be aware of this risk and have action steps identified re: what can be done, unfortunately I also believe that providing services to parents with undeveloped "assets" sadly is nearly as insurmountable and equally if not more expensive.... My

point obviously isn't that a decision needs to be made choosing one over the other (i.e., address the physical environment vs. social environment). Both are equally important....

I agree that it's very important to be aware of income disparities and health impacts. The ... environmental justice piece in this area is significant. I would go a step further, however, and argue that all sectors of society need to be involved in this work because we are all impacted.

I laud you for taking this highly participatory approach to help shape the program. I also think it's terrific that the Foundation, with corporate backing, is delving into this critical area of work.

[This meeting] forced new thinking on me and my organization too!

Don't let the quest to be perfect stop you (BCBS) from doing good!

It is not often that we have the opportunity to weigh in at this stage of the process. I appreciate the opportunity to address these issues!

Others in my organization expressed interest in participating in future discussions and meetings on these issues.

Very valuable—especially learning about the other groups I do not work with, such as environmental health and water quality.

I think increased awareness of all organizations is important to all—It stimulates us to come up with new ways to work together.

You might want to think about convening not only grantees, but also others that might benefit from ongoing learning but are not grantees.

There were a few bad ideas so weed them out! More discussion on public policy—Too many of us have either given up... or are continuing to try the same old approaches. We need to become more inventive....

Stay engaged with those of us doing the work on the ground!

Keep focus on early childhood—a must if you want to make a sustainable difference.

Conclusion and Next Steps

Blue Cross Foundation staff and consultants were impressed by the insight and enthusiasm of the people who participated in the round table discussions. They spoke passionately about their own work, the needs of their communities, and their recommendations and hopes for the future. Their descriptions of experiences and interactions provided evidence of the important work they are accomplishing with limited resources and their sense of community and connection with one another.

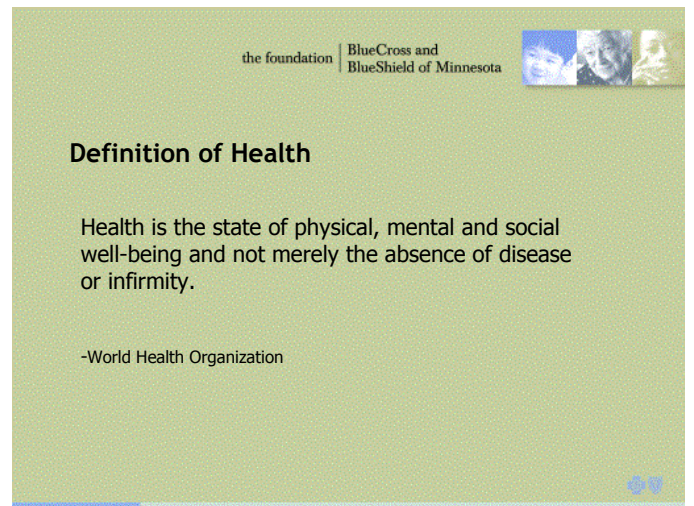
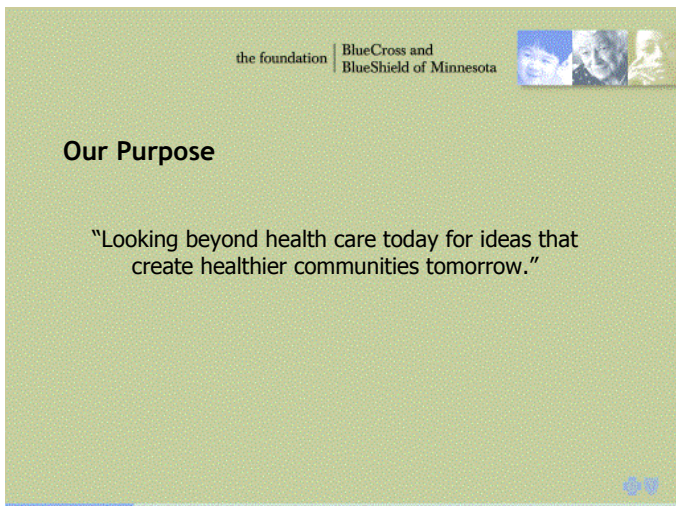
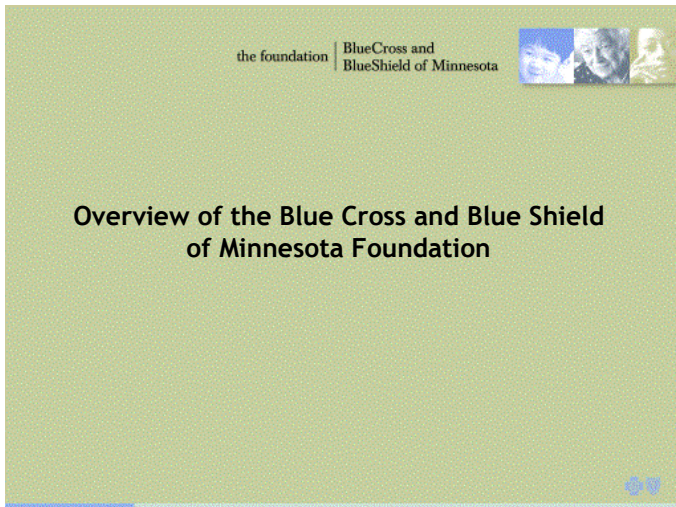
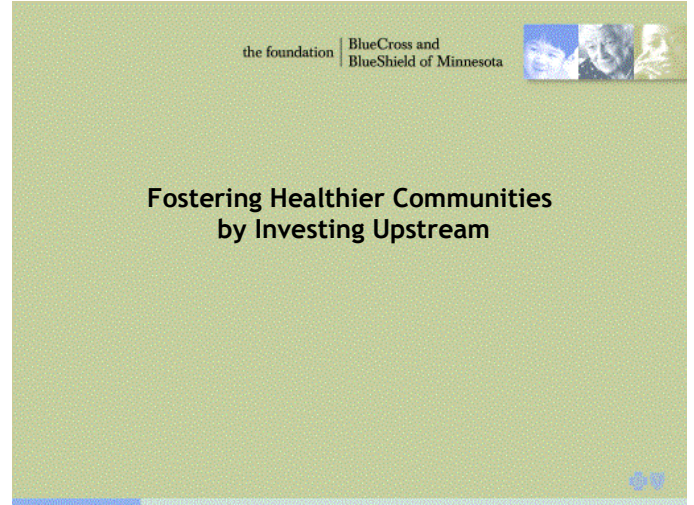
Foundation staff are using these very rich discussions to develop recommendations for a grantmaking initiative to be reviewed by the Foundation's board of directors in March 2006. Program descriptions and a request for proposals will be publicized in the spring, with the first grants expected to be made in September 2006.

The Foundation is committed to shared learning and will be distributing a summary of the round table discussions and a list of participants to all those who took part in the meetings. The Foundation will also convene grantees to continue talking about these issues throughout the life of the program.

ATTACHMENT A
Round Table Participants

| First Name | Last Name | Organization | Location |
|-------------------|------------------|---|-----------------|
| Shane | Plumer | White Earth Diabetes Project | Bemidji |
| Lisa | Guardipee | Cass Lake Hospital | Bemidji |
| Joe | Johnson | North Country Regional Hospital | Bemidji |
| Shirley | Nordrum | Leech Lake Environmental Program | Bemidji |
| Robert | Shimek | Indigenous Environmental Network | Bemidji |
| Simone | Senogles | Indigenous Environmental Network | Bemidji |
| Myrna | Baird | Early Childhood Building, Red Lake School District | Bemidji |
| Becky | Shuler | Evergreen Community Services | Bemidji |
| Jim | Steenerson | North West Minnesota Foundation | Bemidji |
| Marty | Sieve | North West Minnesota Foundation | Bemidji |
| Tamie | Finn | The Minnesota Tribal Resources for Early Childhood Care (MNTRECC) | Bemidji |
| Becky | Poore | Lakes and Pines CAC Headstart | Little Falls |
| Denis | Dolan | Healthy Communities Collaborative of Morrison Co. | Little Falls |
| Colleen | Brecker | St. Cloud Hospital Children's Center | Little Falls |
| Becky | Stadem | Crow Wing County Family Services Collaborative | Little Falls |
| Bruce | Johnson | Rivers Council of Minnesota | Little Falls |
| Renee' | Schwaller | Morrison County Public Health | Little Falls |
| Ann | March | Morrison County Public Health | Little Falls |
| Tami | Lucek | Bridges of Hope | Little Falls |
| Don | Hickman | Initiative Foudation | Little Falls |
| Kathy | Gaalswyk | Initiative Foudation | Little Falls |
| Anni | O'Neill | SMIF | Owatonna |
| Trixie | Golberg | SMIF | Owatonna |
| Julie | Nigon | Rochester Public Shools | Owatonna |
| Marty | Aleman | Olmsted County Public Health | Owatonna |
| Patrick | Gannon | CCR&R, Inc. Region 9 & 10 | Owatonna |
| Umbeliam | Crener | WFTLM | Owatonna |
| Mary | Rivers | Wells Fargo Home Mortgage | Owatonna |
| Wayne | Stenberg | Semcac | Owatonna |
| Anna | Twill | Greater Mankato Area United Way | Owatonna |
| Lisa | Onken | SW MN Housing Partnership | Owatonna |
| Sue | Harris | Watowan County EC Coalition | Owatonna |
| Jenny | Larson | Three Rivers Community Action | Owatonna |
| Audrey | Bruggeman | SEMCAC Headstart | Owatonna |
| Elise | Davis | SMIF | Owatonna |
| DeAnn | Pettyjohn | Steele County Public Health | Owatonna |
| Janet | Lundtrom | SMIF | Owatonna |
| Margaret | Derksen | St. James Health Services | Owatonna |
| Lynn | Tchida | Northfield Public Schools Family Services | Owatonna |
| Judy | Voss | Olmsted County Public Health | Owatonna |
| Joy | Sorensen Navarre | MICAH | St. Paul |
| Linda | Ewing | Mn Housing Partnership | St. Paul |
| Carla | Jacobson | Greater Minneapolis Daycare Assoc. | St. Paul |
| Ed | Petsche | Greater Minneapolis Daycare Assoc. | St. Paul |
| Todd | Otis | Ready4K | St. Paul |
| Chris | Hale | Sustainable Resources | St. Paul |
| Brian | Rusche | Joint Religious Legislative Coalition | St. Paul |
| Tom | Fulton | Family Housing Fund | St. Paul |
| Lupe | Serranp | Casa de Esperanza | St. Paul |
| Gretchen | Musicant | Minneapolis Health & Family Support | St. Paul |
| Ann | Kaner-Roth | Child Care Works | St. Paul |
| Cathy | Jordan | CYFC - U of M | St. Paul |
| Kathleen | Schuler | IATP | St. Paul |
| Susan | Gust | GRASSROUTES | St. Paul |
| Jerry | Jaker | MIPH | St. Paul |
| Suzanne | Koeplinger | MN American Indian Women's Resource Center | St. Paul |
| Tim | Thompson | Housing Preservation Project | St. Paul |
| Richard | Ragan | St. Paul-Ramsey Co. Dept Public Health | St. Paul |
| Sue | Gunderson | Sustainable Resources | St. Paul |
| Julia | Earl | Preventing Harm Minnesota | St. Paul |
| Cathy | Kennedy | MN Environment Partnership | St. Paul |

Overview of the Foundation





Determinants of Health

- Health is not just the result of genes, lifestyle, access to care
- It's also determined by the day-to-day conditions in which we work and live



Our New Focus

- Key social, economic, and environmental factors that determine health:
 - Early childhood development
 - Housing
 - The environment
 - Social connectedness

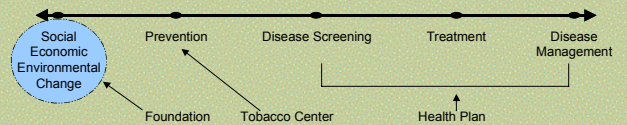


Our Goal

Improve the health of Minnesota communities long term and close the health gap that affects many Minnesotans.



Blue Cross Health Continuum



"Interventions to improve access to medical care and reduce behavioral risks have only limited potential for success if the larger societal and economic context in which people live is not improved."
- Institute of Medicine



Four strategic Initiatives

- Healthy Together: Creating Community with New Americans
- Children's Health and Well-being
- Leadership Recognition and Development
- Public Awareness and Policy Support



The Journey Upstream





2003-2004 Multiphase Exploratory Process



Components

- Literature review
- Colloquia with national and state experts
- White papers
- Regional roundtables
- National and local environmental scan



Finding the Starting Points

- Evidence-based
- Feasible
- Relevant
- Partnership opportunities
- Learning potential



Focus Areas

- We will work at the intersection of health and:
 - Early childhood development
 - Affordable housing
 - Environment
 - Social capital



Framework for Change

- Population-based efforts
- Placed-based programs
- Policy and systemic change
- Leadership development and recognition



Strategic Initiatives

- Healthy Together: *Creating Community with New Americans*
- Children's Initiative
- Public Awareness and Policy Support
- Leadership





Opportunities

- Finding the right language
- Making the links between health and social factors
- Fostering cross-sectoral work
- Integrating and sharing new learning



For More Information

www.bluecrossmn.com/foundation



ATTACHMENT C

Parable of the River

Once upon a time there was a small village on the edge of a river. The people there were good and life in the village was good. One day a villager noticed a baby floating down the river. The villager quickly swam out to save the baby from drowning. The next day this same villager noticed two babies in the river. He called for help, and both babies were rescued from the swift waters. And the following day four babies were seen caught in the turbulent current. And then eight, then more, and still more!

The villagers organized themselves quickly, setting up watchtowers and training teams of swimmers who could resist the swift waters and rescue babies. Rescue squads were soon working 24 hours a day. And each day the number of helpless babies floating down the river increased. The villagers organized themselves efficiently. The rescue squads were now snatching many children each day. While not all the babies, now very numerous, could be saved, the villagers felt they were doing well to save as many as they could each day. Indeed, the village priest blessed them in their good work. And life in the village continued on that basis.

One day, however, someone raised the question, "But where are all these babies coming from? Let's organize a team to head upstream to find out who's throwing all of these babies into the river in the first place!"