

RURAL COMMUNITIES EQUITY ACTION GUIDE

Based on interviews between Mónica Maria Segura-Schwartz, Growth & Justice Policy, Wendy Foley, Blue Cross and Blue Shield of Minnesota Project Manager; and Ana Isabel Gabilondo Scholz, Blue Cross and Blue Shield of Minnesota Project Evaluator.

Learn more at regionfive.org/welcoming-communities

Case Study Three



HEALTHY TOGETHER

Building access and connection as social determinants of health

Community Equity & Inclusion Focus

This focus on **health equity** was guided by the need in the Willmar community to address social determinants of health such as culturally competent childcare, sufficient transportation, safe housing, access to healthy foods, social connectedness, and an understanding of how to navigate the health care system.

“Blue Cross’ role was to provide community with a space and a place and a platform to execute the way they [community members] need things to happen. No one person has the answers, no one organization is completely competent in culture or equity. We are all learning. We talk about that a lot.”

Summary

The Healthy Together Willmar initiative was a five-year collaboration between Blue Cross and Blue Shield of Minnesota (Blue Cross) and the Willmar community. This collaboration led to Willmar seeing increases in productive and respectful interaction across diverse communities, improved access to health care for the East African, Latinx, and Karen communities, more social connectedness, and reduced isolation for senior citizens.

The purpose of the Healthy Together Willmar initiative was to create a future where all members of the Willmar community have access to the resources and opportunities needed to achieve their best possible health and well-being. This focus on health equity was guided by the need to address social determinants of health such as culturally competent childcare, sufficient transportation, safe housing, and an understanding of how to navigate the health care system.

Background

In 2016, Blue Cross explored opportunities to make place-based investments in communities where significant health disparities exist. Blue Cross has had longstanding relationships with many Willmar leaders and engaged them in conversations to explore what an innovative partnership could look like. Willmar was of interest due to its manageable size, rapidly diversifying and aging population, and support for existing health care initiatives. Local stakeholders reported a need for diverse leadership development and more culturally responsive health care.

The initiative drew upon the Robert Wood Johnson Foundation Culture of Health Model and pursued a place-based approach to health equity, focusing exclusively on the Willmar community.

Process

“Community has the answers,” said Wendy Foley, the Willmar-based project manager hired by Blue Cross. Foley set the stage for the next five years of work primarily by listening to the community and facilitating connections among community members. She met one on one with individual community members from a wide range of community representation.

“Blue Cross’ role was to provide community with a space and a place and a platform to execute the way they [community members] need things to happen. No one person has the answers, no one organization is completely competent in culture or equity. We are all learning. We talk about that a lot.”

Lesson learned: There is more than one way to do something. You can learn a lot by positioning yourself as a listener to and learner from others.

Foley conducted more than 70 formal, confidential interviews and many more informal ones, asking open-ended questions in a positive matter. Technically, she was inquiring about how individuals defined health equity, but these interviews helped her learn about shared values across communities, build relationships, understand and dismantle assumptions, and identify the tangible barriers to health equity, including social isolation among newcomers.

“It is hard to hate somebody if you get to know them,” Foley says. “A lot of what people wanted to do is to get to know each other. But the number one reason people said they didn’t connect with others was that they were afraid of offending someone. For many it feels easier to stay within their own comfort zone and not risk hurting someone or breaking laws of faith or culture.”

Once the Healthy Together Willmar team realized how profound this social barrier was, they found ways to intentionally share that fact with the broader community. “We consciously decided to do something new, and we were open with the community that sometimes the discussions we would have were going to be uncomfortable.”



WealthWorks Capitals

Wealth Works Framework elements at play (working towards eventual systems change towards an equitable economic ecosystem):



Individual Capital – skills and physical and mental healthiness, and improved understanding of and access to health care for the East African, Latinx, and Karen communities, more social connectedness, and reduced isolation for senior citizens and physical and mental healthiness



Social Capital – community members, project organizers, health care organizations and other resource providers bonding & bridging



Intellectual Capital – innovation, creativity, imagination



Political Capital – reducing disparities in health care, better understanding of existing and desired health care policies, shift in cultural appreciation, increasing voice, access, inclusion in decision-making of traditionally underrepresented community members



Financial Capital – investment in organizing and implementing the initiative by Blue Cross Blue Shield



Cultural Capital – changing dynamics, knowledge of who is known and what heritages are valued, collaboration across races, ethnicities, generations

"People didn't realize that so many folks in our community had barriers to health," says Foley. "For a lot of people in Willmar, the existing systems work. Many people have access to what they need, and they know how to get it. A lot of my work was having conversations with these folks – folks who are predominantly white and hold a lot of power, whether they are aware of their power or not. It is humbling work for folks to determine how they can use their privilege to stand back and welcome other voices to come to the table." Foley approached this work with one-on-one conversations, small coffees, and guest speakers.

Lesson learned: One-on-one conversation, small coffees, getting to know each other and learning from each other is work.

"It isn't always an easy part of the work, but it's essential that folks who traditionally have a voice consciously step back and lift up different voices and perspectives. Because the folks who live with these barriers are the ones who hold the answers and are best positioned to implement the solutions."

One of the documents they shared broadly was "Characteristics of a White Supremacist Culture" from Dismantling Racism Work's web workbook. Foley appreciated that each characteristic offered in the document comes with illustrative anecdotes.

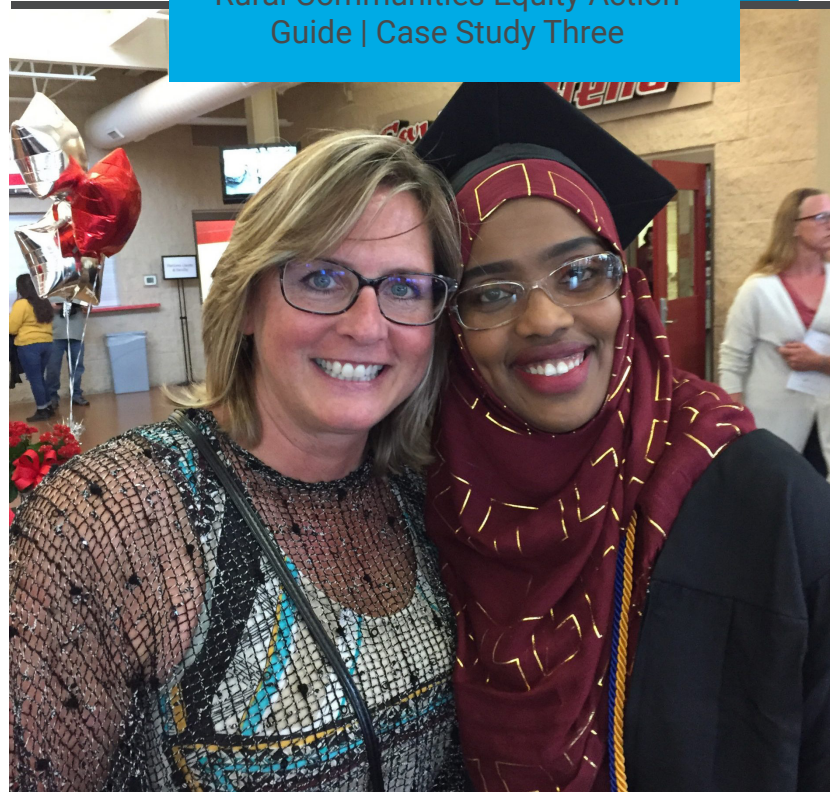
"It gives you things to work on," she says. "For example, the first one is perfectionism. The anecdotes show how you can dismantle this by developing a culture of appreciation." The organization takes the time and effort to show people that their work and efforts are appreciated. Likewise, an organization can counter perfectionism by developing a learning culture where it is expected that everyone will make mistakes, and everyone can learn."

"I think the most effective work is when you invite two, three or four people for coffee or tea and just really have candid conversations." "Dismantling Racism Works can be a challenging model. It requires white people to challenge other white people, help everyone imagine the potential a truly equitable community has, and illustrate how an equitable community is better for everyone. But those conversations – especially in the beginning – are going to be uncomfortable. Many existing systems are predominantly led by white people who have power and who may not have had these conversations before. And many folks are used to the usual way of doing things – things like setting agendas, running meetings, making decisions. But to make progress, it is essential to challenge the status quo and advocate for more equitable processes and language."

Foley served on 8-9 committees and coalitions as a relationship-builder representing Blue Cross. After six months, the work gradually coalesced into three main "buckets" of work.

The Community Table - A group created by Blue Cross that aimed to cultivate and lift up existing leaders who can help shape the future of Willmar, with a focus on leaders of color. The Community Table is made up of six to 11 members who have firsthand experience facing barriers to health. The Table still meets monthly to do leadership development and brainstorm ways to support local health equity projects.

"We heard very loudly in the community that people wanted more leaders from communities of color. A lot of the work up until then was being led by white people on behalf of communities of color, so the community asked for more diverse leadership and input in the work that was happening. This was what led to the creation of



"It is hard to hate somebody if you get to know them," Foley says. "A lot of what people wanted to do is to get to know each other. But the number one reason people said they didn't connect with others was that they were afraid of offending someone. For many it feels easier to stay within their own comfort zone and not risk hurting someone or breaking laws of faith or culture."

the Community Table. We especially wanted people who may not have had the opportunity to lead in the past. Blue Cross met with them at least once a month and they also had some subgroups among them that met regularly as well."

"Tokenizing communities of color is what happens when one or two individuals of color are regularly and frequently asked to represent their entire community – and this happens often. Pretty soon, those individuals feel burnt out and the connection begins to fade until it is gone. So, part of our work is to prevent tokenizing from happening in the first place. We educate on how to appreciate people – how to honor people for their time and their wisdom. And an important component of that is financially compensating people, which we did with our Community Table participants. This was one way we answered Willmar's call for more diverse leadership."

Lesson learned: Signal respect valuing everyone's time and input according to their own interest. Paying new contributors for their leadership/time is one way of doing that.

The Idea Fund – Community Table leadership wanted to create an equitable process to provide funding for good ideas put forward by community members around health equity. Offered during years three and four of the initiative, the Idea Fund provided financial support to organizations and community members to develop innovative ideas related to health equity. Funding was for one year and ranged from \$1,000-\$40,000. The Idea Fund used a unique application process that aimed to reduce barriers to applying, such as using video or in-person presentations instead of a written application, and hosting community meals where applicants connect with one another to further develop their ideas and potentially spark new partnerships.

Through the Idea Fund, and led by Community Table members, Blue Cross provided over \$500,000 to support 36 community-led projects focused on a variety of efforts such as: addressing food insecurity, interfaith relationships, improving quality of life for people living with disabilities, senior isolation, building social and community connections across cultures and generations, youth development, early childhood care and educational opportunities, and more.

“There were specific criteria for applying, namely that the folks proposing and leading the work needed to be a part of the community they were intending to serve and support. This automatically compelled people to reach out across cultures to solve problems together, so all the approaches had to be equitable.”

The work also had to include at least one of ten different values, among them leadership, family, inclusion, education, and bringing people together. Receiving funding through the Idea Fund also became leverage for the community organizations to garner additional funding, because they could highlight that Blue Cross had initially invested in them.

“The Idea Fund’s growing traction started to influence culture and conversation. White folks who may have been reticent to these new approaches initially were gradually becoming more receptive. The equity lens was a different approach than what people were used to. It wasn’t conventional philanthropic funding. This new approach piqued curiosity in the community and helped people move out of their comfort zones.”

Lesson learned: A diverse group of people generated new ideas, new approaches, piqued curiosity in the community and make it easier for them to take the risk of getting out of their comfort zones.



The Willmar Diabetes Coalition – Blue Cross is a member of the Willmar Diabetes Coalition and provides funding support. After hearing from the community about barriers to accessing healthy foods and transportation along with rising obesity, a responsive care table formed. The Willmar Diabetes Coalition is a group of 11 organizations that meets monthly to collaborate and design community-driven intervention strategies for diabetes-related prevention and care.

Foley recalls, “I love to tell people all the mistakes that I made. People were very fearful of each other because they didn’t want to hurt each other’s feelings. So, every time I made a mistake, I told everybody about it. ‘Hey, guess what I did last week? I reached my hand out to one of the East African male leaders and he is not a handshaker. I should not have done that because it is not appropriate.’” By admitting to her cultural missteps and publicly letting them go, Foley gave others permission to relax, to learn by doing, and move on to doing it differently the next time.



Lesson learned: Admitting your anxiety and acknowledging that in trying to be more welcoming, you may make a cultural misstep, is a way to share your own vulnerability. This allows others to let down their guards and learn by doing, too.

In all settings throughout the initiative, it was important to lift up the voices of those who historically haven’t been heard or had a platform from which to speak. “When we had community events, I was in the background. And if we had an opportunity for an interview, I encouraged Community Table members to be interviewed. Because if all roads lead to the coordinator, when the coordinator leaves town, then all the works leaves, too.”

“You have to build trust and build relationships and let the people do the work because those are the people who have the answers. They are the ones who know how to make the world more equitable. They just need to have a platform, a voice and an opportunity.”

Lesson learned: Letting go of decision-making power is hard. Sharing power is hard. And crucial.



Results

You can find Blue Cross’ formal evaluation of the project called “Model of Change” on the Healthy Together Willmar website. Says Foley, “This is more than a ‘feel-good’ report summarizing this initiative. We wanted people to see that using a health equity lens changes lives and communities.”

Reflections

Healthy Together Willmar serves as an example of transforming a community’s desire to improve health into creating a community grounded in health equity. “As a result of this project, Willmar is a more connected community. I think that a lot of assumptions have been busted. Having conversations about privilege and power – particularly through the lens of race and racism – has led to more diverse voices in leadership, more connections across cultures, more understanding and connection, and a healthier Willmar community.”