Community Health and Well-being Collaborative

A story of partnership: HealthEast and St. Paul's East Side community

HealthEast®

A part of Fairview Health Services.

In their own words. Members use these words to describe the process of co-creating the Collaborative.

Stimulating | Thought-provoking

Impactful | Listening | Respect

Courageous commitment | Up to us

Honorable | Purposeful

Remarkable | Diverse | Beautiful

Flipping the paradigm | Inspiring

Forward-thinking | Intentional

Learning | Fun | Responsive | Revitalizing

Relationship-building | Refreshing

Innovative | Patience | Hopeful

Why we're doing this

"We know that 80 percent of health occurs outside of our walls and in our community. We need to be present where we have the greatest opportunity to advance better outcomes."

- HealthEast Foundation Board of Directors member

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Introduction

Traditional thinking about health tells us that health is determined by what we eat, how regularly we exercise and how often we go to the doctor. A healthy diet, active lifestyle and quality care matter, but it's not that simple. **Health and well-being start where we live, learn, work, play and worship.** Keeping people and communities healthy requires more than just medical care which, while critical, is not enough. In fact, a person's zip code[1] can be a predictor of their life expectancy—in Ramsey County, four miles could equal up to a 13-year life span difference—and an individual's education level can foreshadow future health risks.

Resources and opportunities that promote health are not uniformly accessible across race, age, language, socioeconomic class, sexual orientation, immigration status, gender or ability. Studies show that people of color and American Indians continue to face significant disparities in health status and health outcomes. In St. Paul, Minnesota, where just under half of the population is nonwhite, there is a need for a systems change to upend these inequitable outcomes and improve the health of our whole community.

At HealthEast, part of Fairview Health Services, we realized that as an **anchor institution**, we are not just for the community, we are of our community. We are interdependent and have a **shared responsibility** for community health. Embracing our role as an anchor institution and acknowledging we have much to share and much to learn requires us **to step outside of our clinic and hospital walls** and into our communities **to create health together**. Believing that our community members are in the best position to define and develop culturally responsive solutions to improve their own health, and that an anchor institution can help bring those solutions to scale, our community and HealthEast have together created the Community Health and Well-being Collaborative (Collaborative).

About this report

This report chronicles the bold journey of HealthEast, HealthEast Foundation and more than twenty community organizations on St. Paul's East Side to achieve health equity through intentional, inclusive partnerships in which all partners **build and share power** to address root causes of health. The East Side of St. Paul is defined as Dayton's Bluff, Payne-Phalen and Greater East Side neighborhoods.

This report describes the work of the Collaborative through **visual models** that show how the Collaborative works and **stories** of how HealthEast and community organizations are bringing the Collaborative model to life. As the Collaborative continues implementation of community-specific programs, this report also **highlights early successes and early lessons learned** from their work together.

Why this matters

"While our region benefits from some of the best clinical care in the country, it's appalling that we also experience some of the nation's worst health disparities. We must act with resolve and urgency."

- John Swanholm, Vice President, Community Advancement and Executive Director, HealthEast Foundation

1 Dwyer-Lindgren, L., Bertozzi-Villa, A., Stubbs, R. (2017). Inequalities in Life Expectancy Among US Counties, 1980 to 2014. JAMA Internal Medicine, 177(7), 1003-1011. doi:10.1001/jamainternmed.2017.0918

Part I: Community Health and Well-being Collaborative Model

1 It all starts with the anchor institution and its commitment to foundational beliefs:

Health and well-being start where we live, learn, work, play and worship.

The anchor institution and the community share the responsibility to create a thriving community.

Engaging the knowledge and experience of the community through partnership is vital to developing upstream, culturally responsive approaches to health and well-being.

Catalyze community partnership

2 Invest in diverse community relationships and build the Collaborative.

Invest anchor institution's financial and human resources toward increased community health and well-being

3 Co-design culturally responsive community programs.

Sustain and grow partnership between anchor institution and community

4 Co-implement culturally responsive community programs.

Engage community knowledge and assets to co-define community health and well-being priorities

5 Evaluate programs, learn and grow together.

Improved community health and well-being

About the Community Health and Well-being Collaborative

The Collaborative aims to achieve...	**Widespread and equitable well-being** in the East Metro to lift Ramsey County higher in the ranks of vibrant and healthy places. **A community that shares power and responsibility** in sustainable work to improve health and well-being. **Shared decision-making** among a backbone organization (HealthEast) and many partners.
Goals will be achieved through...	**Strategic alignment** within the Collaborative whereby key strategies work together and focus on the whole community, not just those who walk through clinic and organization doors. **Convening community** to identify and develop solutions to improve health together as a shared responsibility and opportunity. **Transformational change** by focusing on upstream drivers of health and changing the way the community invests in and contributes to population health.
The Collaborative is unique because of...	**Approaching the work with humility** knowing the backbone organization does not have all of the answers and is not here to be the sole agent of change, but can partner with and support community to get the work done. **Deep respect and trust** fostered by listening and understanding before advancing solutions. **Significant up-front and ongoing investment** in time and resources to create trust and catalyze the initiative.

"We are doing 'with,' not 'to' the community. We need a model that is sustainable as needs and opportunities change in a community."

- Kathryn Correia, Chief Administrative Officer, Fairview Health Services

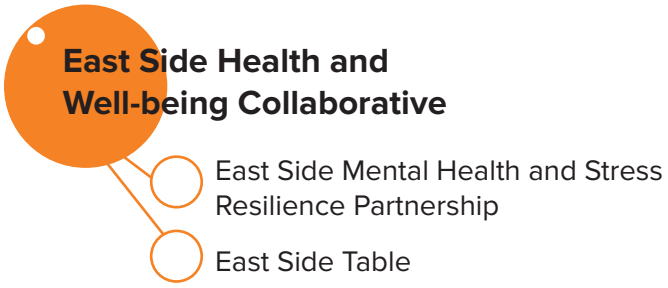
Early successes

Early investment in the Collaborative opened the door for new funding partners. When HealthEast Foundation decided to make a strategic initial investment into the Collaborative, it created opportunities for new funding and relationships. As envisioned, these investments quickly—within the first year of implementation—sparked funding from new partners including community foundations, government agencies and corporations.

New relationships formed through the Collaborative led to a more diverse Foundation board. As HealthEast and HealthEast Foundation deepened their involvement in the community, new relationships developed with leaders who represent the vibrant economic, cultural and linguistic diversity of communities on the East Side of St. Paul. One emerging result of these new relationships is that representatives of two Collaborative partner organizations joined the HealthEast Foundation Board and are now directly influencing HealthEast Foundation strategy. One long-time board member emphasized how a more diverse, committed and insightful board has great potential to create positive transformational outcomes in the years ahead.

Structure of the Community Health and Well-being Collaborative

The Collaborative in our community has three parts: the large Collaborative group, which drives the overall process over the long-term, and two workgroups that plan and carry out the community-specific programs.



Work of the Collaborative is sustained through:

Quarterly Collaborative convenings co-hosted by HealthEast and partner organizations to provide updates on workgroup progress to date on community-specific programs; embrace and celebrate East Side communities' unique cultural traditions and wisdom; and build on existing strengths and resources to spark new insights, conversations, collaborations and solutions.

A quarterly e-newsletter to inform Collaborative partners and community members about updates, upcoming events, news and resources.

Monthly workgroup meetings where members of the East Side Mental Health and Stress Resilience Partnership and East Side Table workgroups convene to discuss and advance program work.

EAST SIDE HEALTH & WELL-BEING COLLABORATIVE

Ongoing one-to-one and small group meetings where staff connect with individual members of the East Side Mental Health and Stress Resilience Partnership Steering Committee and East Side Table Working Council to provide touchpoints and continued opportunity for more direct feedback and learning.

Early successes

The Collaborative supports local minority-owned businesses. Nutritious, healthy food has been a key part of nourishing the Collaborative members and their relationships during meetings and gatherings. Staff has taken great care to purchase catering and hospitality supplies from local, minority-owned businesses and to regularly recycle and compost food and serveware. This has helped to support and promote these small- to mid-sized entrepreneurial operations and to contribute to environmentally minded community wealth-building.

The Collaborative creates common ground for connection. The welcoming, open-door venue has provided a space for a diverse array of people and groups to come together to share collective resources, celebrate one another's efforts and create new connections rather than reinforce a sense of competition for funding, clients or market share.

Part II: How to bring the Community Health and Well-being Model to life

What to do and how to do it

1 Commit to foundational beliefs as an anchor institution.

Ask leadership to commit to investing in community health and well-being.

Form high-level internal strategy team.

Engage systems change facilitator to guide process.

Conduct research and assessment.

Build anchor institution's internal culture.

Develop approach to building community partnerships to improve community health and health equity.

Secure funds for community engagement.

2 Invest in diverse community relationships and build the Collaborative.

Invest in authentic relationship-building.

Convene community partners.

Establish engaging Collaborative meeting culture.

Conduct research and assessment.

Create shared strategic vision.

Anchor institution, while acknowledging power as facilitator and funder, works as an equal partner.

Anchor institution honors and invests in diverse partners in the community.

Anchor institution listens to and shows up in the community over the long term.

3 Co-design culturally responsive community programs.

Engage culturally responsive facilitator to guide process.

Identify diverse community resources.

Compensate partners appropriately.

Encourage honest communication.

Plan and organize efficiently.

4 Co-implement culturally responsive community programs.

Intentionally develop infrastructure.

Bring programs to life.

Secure ongoing funding.

Promote innovation.

Ensure original vision of work is maintained.

5 Evaluate, learn and grow together.

Evaluate and improve partnership and programs on an ongoing basis.

Building the Collaborative over time

Throughout the process, a strong foundation is provided by:

Applying a culturally responsive approach and racial equity lens.

Strengthening and deepening an engaging, fun and trusting meeting culture.

Investing in fostering and maintaining individual and organizational relationships.

Securing sustained financial and human resource investments.

Conducting regular assessments for continuous improvement, insights and learning.

Keys to bringing the Collaborative to life:

Be patient. This work requires long-term commitment, patience and trust in the process. Outcomes will take time. Don't rush into implementation; the process is key to building trust and engagement.

Be present and listen. Listen to community concerns and ideas, and be responsive. **"Trust is often built on proof of performance—show me that we can trust you."** - HealthEast Foundation Board of Directors member

Let community make the decisions. This includes decisions on what issues to address and decisions that affect the Collaborative.

Compensate the community. Doing so shows respect for the time and expertise of community leaders and organizations and encourages sustained participation.

Ensure a strong backbone organization. A strong organization to support the Collaborative by convening partners, holding funding, providing infrastructure and seeing the work through is critical to success.

Engage effective facilitators. Effective facilitation that is grounded in cultural knowledge and community realities helps partners to engage in the process, connect ideas and work through difficult conversations.

Gather buy-in from leadership. **"This work simply would not have happened without support from the top of the organization providing space and time necessary to challenge the way we've always done things."** - HealthEast Foundation Board of Directors member

Early successes

The Collaborative is building trust between HealthEast and the community.

"I questioned partnering with HealthEast, but I moved from skeptic to believer through the long engagement process. This was significant for me as a person and for my organization because it has allowed us to give in to the process."

- Collaborative member

What we are learning about how to make the Collaborative even stronger

Collaborative member recommendations:

- **Align long-term goals to focus on policy reform.**
- **Encourage partner organizations to host events to showcase the work of the Collaborative.**
- **Engage youth and representatives of all parts of the community.**
- **Offer multiple ways for Collaborative members to participate outside of meetings (e.g. Google subgroups, social media, etc.).**
- **Communicate with community groups and community members in the ways they prefer to communicate.**

Early successes

HealthEast Foundation has changed its philosophy on funding.

One board member reflected on how the Foundation has expanded its funding philosophy to consider where investments can have the biggest impact: limiting funding earmarked solely for internal needs and moving more funding into the community. **"We have this tool (the Community Health Needs Assessment) that has identified what the critical issues are, so we need to think about how we can best amplify our efforts."** - HealthEast Foundation Board of Directors member

Part III: How the Community Health and Well-being Collaborative looks in our community

3 Co-design culturally responsive community programs

We used the Community Health and Well-being Collaborative Model (page 4) to:

Identify our community's unique strengths and needs.

Co-create goals with our community.

Co-design culturally responsive community programs that are unique to our community. For our community, this led to a program on food skills and food literacy and a program on mental health and stress resilience.

Strengths

Ethnic, cultural and linguistic diversity | Many culturally specific community organizations have understandings of mental health and healing practices unique to their communities.

Opportunities

Increased consumption of fresh fruits and vegetables | Increase in cooking at home (barriers are time, motivation and expense) | Decrease in chronic stress, social isolation and barriers to accessing culturally responsive services

East Side Table's Goal: Improve food skills and food literacy to increase consumption of healthy foods.

Make-at-Home Meal Kits: Ingredients for healthy meals, language-appropriate recipes and purchasing from local growers and producers

Breaking Bread and Sharing Skills: Culturally tailored recipes, food demonstrations, grocer coupons and community meals

Community Education and Engagement: Multilingual website and building community connections

East Side Mental Health and Stress Resilience Partnership's Goal: Increase opportunities to build stress resilience and holistic well-being.

Cultural Brokers: Cultural translators, bridge-builders and client advocates

Provider Trainings: Awareness building for responsiveness when working with communities of color and American Indians and/or low-income communities

Community Dialogues: Dialogues to break stigma of mental illness and build social connectedness

Safe and Sacred Spaces: Spaces providing physical and emotional safety, resources and community-building

East Side Table

153 Make-at-Home Meal Kits distributed to **115 households** over **10 weeks, for a total of 6,120 healthy meals.**

Favorite recipes! At least 85 percent of families enjoyed these meals and would make them again:

- Moroccan Lemon Chicken with Couscous & Golden Raisins
- Colorful Curried Fried Rice with Chicken
- Thai Beef & Basil with Rice
- Chicken Fajita Bowl with Cilantro Lime Brown Rice and Chipotle Crème

Early successes

Families are learning new cooking skills.

Over the ten weeks, 43 percent of survey responses indicated a new food skill was learned, with 75 percent of participating families learning at least one new food skill during the course of the program. Of 560 survey responses, 35 percent of responses indicated trying a new fruit or vegetable. A Make-at-Home Meal Kit participant noted, **"The kits were a great experience that opened up a lot of new tastes and meal ideas for us. There were several meals that I have already made again and I will continue to make more."**

Make-at-Home Meal Kits are engaging families.

"People receiving meal kits have been reporting in surveys that, yes, they would make the recipes again. That is exciting because the recipes are healthy and include foods they may not normally buy at a grocery store. Recipients of the meal kits report learning new food skills or terminology around cooking, and say they look forward each week to bringing a new meal kit into their homes. It's been powerful to be able to evaluate the meal kit program and learn from the families."

- Collaborative member

Food access on the East Side garners media attention. As the Make-at-Home Meal Kit program launched, several media outlets covered the story, including the *St. Paul Pioneer Press*, *Minnesota Public Radio*, and a local radio show, "*East Side with John Slade*," on WEQY 104.7 FM. This exposure brought positive attention to the East Side and the efforts local families were making to improve their food skills and health.

East Side Mental Health and Stress Resilience Partnership

Cultural Brokers

Cultural brokers spend time in the community seeking out socially isolated individuals and families; build bridges to translate and support navigation of the school, health and other mainstream systems so that community members can build self-sufficiency; and serve as a resource for community organizations. Community partners and HealthEast hired and on-boarded **five full-time Cultural Brokers** in the following cultural communities: African American, American Indian, Hispanic/Latino, Hmong and Karen. They have established client relationships and provided services to **321 individuals** to date.

Provider Trainings

4 Mental Health First Aid trainings with cultural perspectives hosted for **100 attendees**. Participant pre-training surveys showed that just 13 percent "agreed" or "strongly agreed" that they had some knowledge of mental health in the African American, American Indian, Hispanic/Latino, Hmong, Karen and Somali communities. After the training, 80 percent of respondents "agreed" or "strongly agreed" with that statement.

Early successes

The Collaborative has identified and is responding to community needs.

"I can tell that what we are doing is responding to a huge need in the community because I have seen the number of people asking for services. Based on the response of the community I can say that we really identified the right needs."

- Collaborative member

Cultural brokers are aligned with community-specific realities.

"One thing I noticed, listening to the cultural brokers we've hired so far, is that the needs of the communities they serve are so extremely different. The cultural brokers are answering to very different sets of realities, which confirms to me that the focus on diversity has been very appropriate."

- Collaborative member

Cultural brokers are filling persistent gaps in the mental health system. Creating cultural broker positions meant brokers could commit time to the work in a way that was not previously possible because of limited staff. Brokers have been able to be flexible and responsive, to take time to solve problems and to approach health in a more expansive way. Financial and administrative support of cultural brokers through this Collaborative allowed organizations to fill gaps they'd known about for a long time.

How community context shapes the work of the Collaborative

Consider the unique strengths and needs of your community.

"Everything is unique to the neighborhood you are working in. Sure, mental health and lack of food support happen in other communities, but it's how you approach it. Don't take what was done by us and plop it into another community."

- Collaborative member

"Get to know the community. Chances are that social isolation and trauma will be everywhere, but you need to see how those things are being presented in your particular community."

- Collaborative member

"As in all communities, our work can get siloed. The Collaborative has provided the leadership for helping organizations break out of their, often singular, focus. We have a lot of organizations that support the Collaborative through space, community connections and other resources. They are really well connected and I'm not sure every community works that way."

- Collaborative member

The strength of our Collaborative comes from the diverse and committed partners representing:
Social service organizations | Faith-based organizations | East Side cultural communities | Business | Community centers | Public schools | Higher education | Neighborhood organizations | Youth-focused organizations | Elder-focused organizations | Government (county, city) | Medical and dental health providers | Public health | Health care systems

Early successes

The community gained increased awareness of community resources and assets. One emerging outcome of the Collaborative is a better understanding among organizations on the East Side of the resources available in the community. One Collaborative member shared that they are more comfortable referring families to other agencies and that resources feel more accessible than they did prior to the Collaborative.

Increased attention to needs of the community has led to increased resource investment. When asked what changes they have seen as a result of the Collaborative, partner organizations mentioned that the work of the Collaborative has drawn more attention to the needs of the community, resulting in increased investment of resources to address those needs.

Community organizations have expanded their thinking about potential new partners. One unexpected outcome of participating in the Collaborative is that community organizations are now asking themselves, "What partners have we not considered because they are serving a different age or demographic?" Thinking this way has opened up new possibilities to connect programming.

Thank you

Our gratitude to past and present partners involved, listed below, in the co-design and co-implementation of East Side Table and East Side Mental Health and Stress Resilience Partnership. Thank you to all partners who have participated in the East Side Health and Well-being Collaborative over the years.

Achievement Plus (Dayton's Bluff)

American Indian Family Center

Amherst H. Wilder Foundation Kofi Services

Arlington Hills Lutheran Church

Comunidades Latinas Unidas en Servicio (CLUES)

Community Dental Care

East Side Elders

East Side Family Clinic

First Lutheran Church

Golden Harvest Foods

HealthEast

Hmong American Partnership

Karen Organization of Minnesota

Kitchen on the Bluff (Latino Economic Development Center)

Merrick Community Services

Neighborhood House

Saint Paul-Ramsey County Public Health

Saint Paul Fire Department

Saint Paul Parks & Recreation

Shobi's Table

St. Paul Eastside YMCA

The Sanneh Foundation

University of Minnesota Extension

Urban Oasis

Urban Roots

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Our Process

This journey was documented through a participatory process in which The Improve Group, a St. Paul-based, woman-owned evaluation firm, worked closely with HealthEast staff, HealthEast Foundation and Collaborative partners to create the visual models and this report.

Sources of data for this report included HealthEast staff (members of the leadership team and staff at HealthEast and HealthEast Foundation), members of the HealthEast Foundation Board of Directors, consultants who worked with HealthEast during planning phases of the Collaborative, community organizations participating in the Collaborative and Collaborative planning documents and evaluation data.

Data were collected through various methods including:

- Eight one-on-one phone interviews.
- One group interview and multiple working group sessions with HealthEast staff and the system leadership team.
- One two-hour participatory workshop with 22 members of the Collaborative.
- Document review of existing planning documents.

Qualitative data from interviews, workshops and document review were synthesized and analyzed using thematic analysis to answer specific evaluation questions and to identify emerging outcomes from the work of the Collaborative.

For more information about the Community Health and Well-being Collaborative, contact:

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