

Capturing Impact: BCBS Health POWER Initiative *Policy, Systems, and Environmental Changes across the Four Year Initiative*

In 2019, the Health POWER (People Organizing and Working for Equitable Results) initiative of the Center for Prevention at Blue Cross Blue Shield of Minnesota (BCBS) funded 15 organizations to advance health equity and support community power in communities across Minnesota through policy, systems, and environmental (PSE) change. PSE changes impact the health of a community by influencing the physical landscape, availability of resources, and how decisions about community design are made.

The following report presents main findings and an in-depth analysis of the PSE changes catalyzed by the Health POWER-funded projects over the course of the four-year initiative. For more about the individual projects, community context, stories of impact, and lessons learned, please see the individual project reports.

Main PSE findings:

- Across all four years, Health POWER projects contributed to the implementation of 431 PSE changes, including 123 policy changes, 165 systems changes, and 143 environmental changes. Another 15 PSE changes were in progress at the end of four years for a total of 446 PSE changes enacted or in progress.
- Health POWER projects implemented an additional 147 changes in year four, compared to 63 implemented PSE changes in year one, 99 PSE changes in year two, and 122 changes in year three.
- Funded project staff were significant contributors (53%) or leaders (43%) in most of the 446 PSE changes enacted or in progress across the four years of the initiative.
- PSE changes are most commonly occurring within organizations, although changes are also happening at the neighborhood, city, tribal, county, and state levels.
- Across all four years, funded projects engaged 12,292 community members, 989 partner organizations, and 583 decision-makers, while also reaching 71,173 people through social media. Health POWER projects also produced 38,095 pounds of food and distributed 408,668 pounds of food and hygiene products to communities.

What are PSE changes?

The health of a community can be shaped by social norms, the physical landscape, availability of resources, and economic vitality of neighborhoods. Policy, systems, and environmental (PSE) changes help to create sustainable conditions that allow people to make healthier choices.



Systems changes impact health behavior by shifting culture and norms and affect all elements of an organization, institution, or system, such as a school district, transportation system, or workplace.



Policies such as laws, ordinances, regulations, or rules influence the choices that people make in their daily lives. Policies can be formal, such as a state law banning smoking in buildings, or informal, such as an organizational policy to provide healthy snacks at meetings.



Environmental changes are changes to the physical, economic, or social environment. Examples include building new bike trails, crosswalks, community gardens, or placing fresh fruits and vegetables near the front of local corner stores. Environmental changes increase opportunities for healthy behavior within a community.

In-depth analysis: PSE changes implemented in four years of Health POWER

In the four years of the initiative, the efforts of the 15 funded projects contributed to 431 PSE changes adopted or implemented, including the following examples:



123 policy changes

The advocacy efforts of Association for Nonsmokers-Minnesota, NorthPoint, and Lincoln Park Children and Families Collaborative contributed to the cities of Columbia Heights, Duluth, Lauderdale, Roseville, St. Paul and 8 additional municipalities adopting new commercial tobacco restrictions.

The Hmong American Farmers Association worked with 58 farmers to adopt food safety plans to ensure safe handling and storage of foods.

Our Streets' advocacy efforts increased the democratic participation in transportation decision-making to improve several Hennepin County corridors: Lowry Avenue, West Broadway Avenue, Franklin Avenue, the Native American Cultural Corridor, and Lyndale Avenue.



165 systems changes

The Food Group worked with 23 food shelves to create and implement action plans for shared decision-making, leading to the development of 30 healthy eating and culturally relevant food policies.

Lincoln Park formed, supported, and trained a PSE coalition of 33 community members that work on community-identified priority issues: food/hygiene product access and long-term food security.

The Alliance worked with 43 community organizations and 4 larger scale development projects to incorporate the Equitable Development Scorecard into their work for healthier community outcomes.

American Lung Association (ALA) worked with 17 behavioral health organizations to support providers in the integration of commercial tobacco treatment protocols into their existing services.



143 environmental changes

Lower Sioux Indian Community developed a calendar for employee wellness programming, established a wellness sub-committee, and hosted wellness events for over 300 tribal employees.

Comunidades Latinas Unidas en Servicio (CLUES) expanded its community garden to 6,200 square feet, engaging 50+ families in culturally responsive gardening.

Trust for Public Land continued engaging students and staff from four elementary schools in community-powered design processes as a part of the Healthy Community Schoolyards Initiative.

FamilyWise hosted a Growing Resilient Communities Gathering, podcasts, and workshops with native nations to promote healing and awareness around ACEs, resiliency, and historical trauma.

Appetite for Change expanded their efforts at the West Broadway Farmer's Market and have distributed over 10,000 meal boxes to community members.

Leech Lake Band of Ojibwe secured and renovated a new property to house their program, including the construction of a sweat lodge, wildflower gardens, bee hives, and gathering spaces.

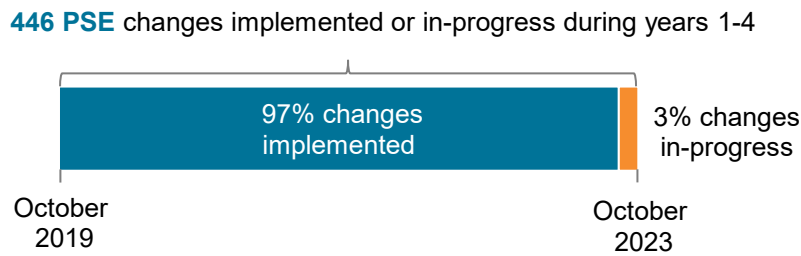
Sharing Our Roots created 7 new community gardens at mobile home parks and apartments.

How many PSE changes are *implemented* or *in progress* at the end of year four?

In addition to the 431 PSE changes that were implemented or enacted, another 6 policy changes, 1 systems change, and 8 environmental changes were in progress by the end of year three (a total of 15 PSE changes in progress).

Funded projects worked to implement 122 PSE changes in year four of Health POWER. Combined with the PSE changes from across all four years of the initiative, Health POWER projects have led or contributed to a total of 446 PSE changes since the beginning of the initiative in October 2019 (Figure 1).

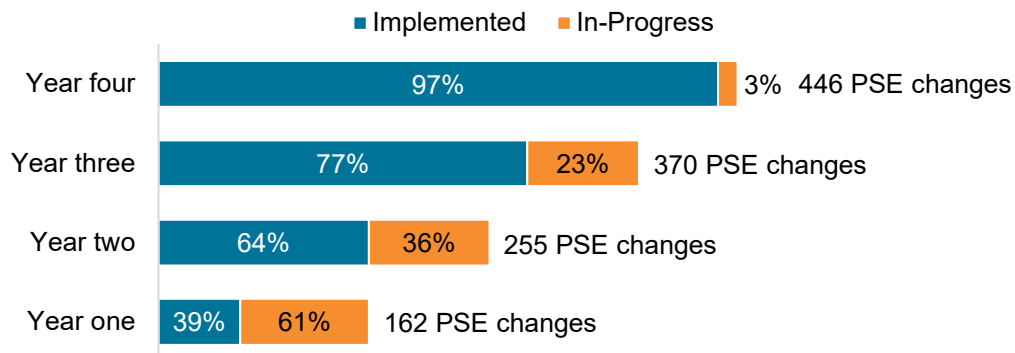
1. PSE CHANGES ACROSS FOUR YEARS OF HEALTH POWER



How do PSE changes vary across the years of Health POWER?

The number of PSE changes that were in-progress or implemented by Health POWER-funded organizations grew steadily over time. By year four, a much larger percentage of PSE changes were implemented (97%) compared to the percentage of PSE changes in-progress (3%; Figure 2).

2. STEADY INCREASES OVER TIME IN THE TOTAL NUMBER OF PSE CHANGES AND THE PERCENTAGE OF CHANGES “IMPLEMENTED” VS. “IN-PROGRESS”

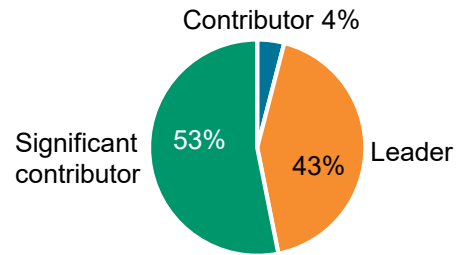


| | PSE Changes Implemented | PSE Changes In-progress | Total # of PSE changes |
|------------|-------------------------|-------------------------|------------------------|
| Year one | 63 (39%) | 99 (61%) | 162 |
| Year two | 162 (64%) | 93 (36%) | 255 |
| Year three | 284 (77%) | 86 (23%) | 370 |
| Year four | 431 (97%) | 15 (3%) | 446 |

What role(s) did funded projects play in working towards PSE changes?

Across the combined 446 PSE changes that were either in progress or implemented, the Health POWER-funded projects were a significant contributor to 237 of them (53% of PSE changes), played a leadership role in 191 of them (43% of PSE changes), and were one of many contributors for 18 PSE changes (4% of PSE changes; Figure 3).

3. FUNDED PROJECTS ARE SIGNIFICANT CONTRIBUTORS OR LEADERS IN MOST PSE CHANGES (N=446 PSE CHANGES, IN PROGRESS OR IMPLEMENTED)

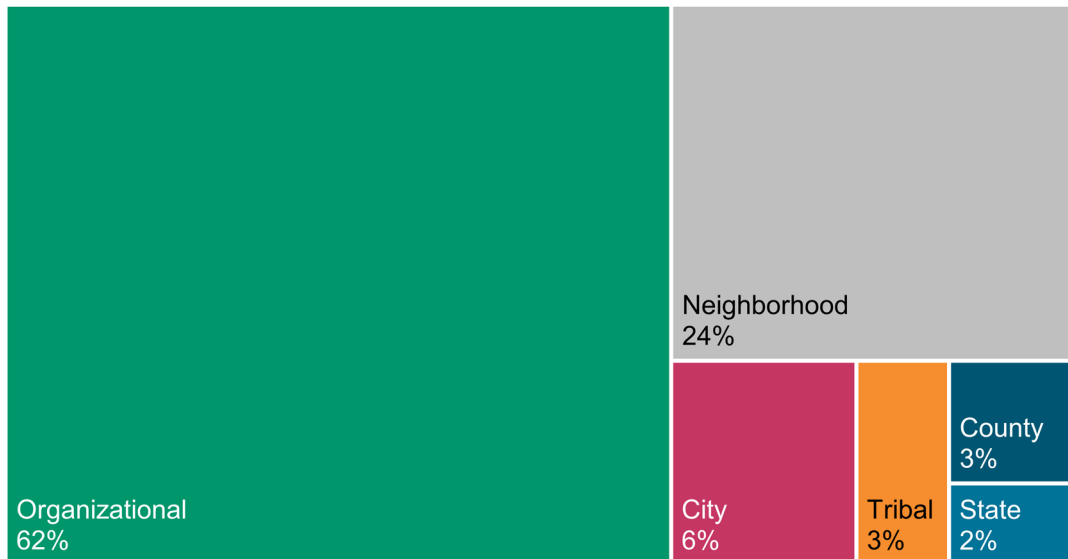


At what levels are the PSE changes happening?

Looking across all 446 PSE changes that were either in progress or implemented during the four years of Health POWER, 276 changes were within organizations (62% of all PSE changes), 108 were at the neighborhood or community level (24%), 28 were at the city level (6%), 14 were at the tribal level (3%), 12 were at the county level (3%), and 8 were at the statewide level (2%; Figure 4).

Organizational level PSE changes can effect both organizations **external** to Health POWER and those **internal** to the initiative that receive funding. During the first four years of Health POWER, organizational changes impacted **external** organizations more frequently than **internal** Health POWER-funded organizations, as **76%** of organizational level changes impacted entities external to the initiative (Figure 5).

4. MOST HEALTH POWER PSE CHANGES ARE AT THE ORGANIZATIONAL LEVEL (N=446 PSE CHANGES, IN PROGRESS OR IMPLEMENTED)



5. MOST ORGANIZATIONAL LEVEL CHANGES IMPACT EXTERNAL ORGANIZATIONS (N=276 PSE CHANGES AT THE ORGANIZATIONAL LEVEL, IN PROGRESS OR IMPLEMENTED)



Other measures of reach

Documenting PSE changes is one way to measure the impact of community initiatives, but this approach doesn't fully convey the breadth of an organization's activities in pursuit of PSE change. Community engagement, partnerships, advocacy, communications efforts, and organizational capacity are crucial elements that lead to PSE change.

Community engagement

Health POWER-funded projects involved community members in their work through a variety of outreach and engagement strategies.

- Over four years, Health POWER projects **engaged 12,292 community members** through activities like gardening programs, classes and trainings, and community forums. Another **2,253 community members were engaged through outreach** such as community festivals, plant giveaways, food distribution events, or surveys. Health POWER projects have reached community members through more than 263 outreach events.
- In addition, **351 adults and 350 youth were engaged as leaders** in their communities through Health POWER, as funded projects engaged individuals in planning and design processes, learning cohorts, community coalitions, and action teams.

Partnerships and advocacy

- Across four years, Health POWER projects worked with **989 partners** through coalitions, advisory groups, cohorts, one-on-one partnerships, and other collaborative efforts to advance their work.
- Through the initiative, people involved in funded projects **contacted policymakers over 734 times** through testimonies, meetings, letters and postcards, and phone calls, **engaging a total of 583 decision-makers** across the four years of Health POWER.

Communications

Communications efforts helped build awareness and support for PSE change efforts, but also supported new knowledge, skills, and social connections among community members. Across the Health POWER-funded projects in all four years:

- **71,173 people** were reached through **social media or e-newsletters**
- **194,812 people** were reached through **other communications efforts such as door knocking, flyers, and postcards**
- **20 letters to the editor or op-eds** were published
- **5 projects** were **mentioned in the media a total of 227 times**

Program capacity

Support from the Center for Prevention also helped funded projects build their capacity to advance PSE changes. Through Health POWER:

- **126 staff members** of funded projects attended **trainings**
- **19 new positions** were created at funded organizations

- **184 volunteers** were recruited
- **75 new curricula, lesson plans, and guidebooks** were created to support cultural teachings and traditions; resiliency and healing in tribal communities; and community-led schoolyard transformation
- **\$3,871,000** of state, philanthropic, and other grant funds were secured to support Health POWER projects. Some projects were also able to secure new infrastructure, especially related to gardening supplies.

Food grown and distributed

Many of the Health POWER projects did work related to growing or distributing food in communities. Through Health POWER:

- **38,095 pounds of food were produced** in community gardens, farms, and urban agriculture
- **408,668 pounds of food was distributed or donated**, and another **\$126,500 in stipends** was distributed to food shelves to purchase nutritious and culturally appropriate foods

How these numbers were gathered

To help capture the impact of the Health POWER-funded projects, Wilder Research developed recording sheets for each project to document PSE changes and other measures of their work. Wilder Research used initial Health POWER proposals submitted by the projects to draft an initial PSE recording sheet, and then met with each project to learn more about their PSE goals, refine measures to make them more meaningful and feasible to capture, and learn about any changes in their work plans. Wilder Research worked with each funded project to ensure that the recording sheet content could help projects tell the story of their work, making some changes each year to reflect evolving goals and adaptations to their work. Please note that these numbers are estimates and are not intended to represent unduplicated numbers of community members or partners.

While the resulting measures fell into the key categories described in this summary, project staff could choose the specific measures they wanted to include (and exclude). This participatory approach was intended to center the projects' definitions of success and evolve with the projects' work. In October 2020, and each subsequent April and October in 2021, 2022, and 2023, each project filled in their recording sheet with data they collected. Staff from Wilder Research compiled the data across projects to develop this summary and created individualized briefs for each project. Moving forward, projects will continue to update and fill in data into their recording sheets bi-annually.

About the Evaluation

In 2019, the Center for Prevention at Blue Cross Blue Shield of Minnesota partnered with Wilder Research to learn the impact of the Health POWER initiative. To this end, Wilder designed a community-centered evaluation to 1) capture learnings and impact across all 15 funded projects, and 2) understand the impact of the Health POWER projects in contributing to policy, systems, and environmental changes. The evaluation was designed to enable projects to define success for their communities and includes participatory, flexible methods that evolve with project work.

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