

Rice County Growing Up Healthy  
Planning Project  
Final Report  
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## **Executive Summary**

The Growing Up Healthy Planning Project in Rice County, funded by the Blue Cross Blue Shield of Minnesota Foundation, was undertaken by a group of agencies and organizations in Rice County committed to improving the health of young children from birth to age 5 and their families. The project was designed to provide a process for an existing coalition for early childhood issues and an existing coalition for affordable medical care for low-income families to work with other county and community agencies to build a collaboration plan for improving the health of young children by focusing on early childhood development, affordable housing and improved environments for children. The process used in this project included three phases: 1.) Recruiting and training a group of clients from various agencies to facilitate a series of community dialogs; 2.) conducting a series of community dialogs to learn what community members need and want to see in the areas of early childhood development, affordable housing, and safe environments for children; and 3.) creating a shared vision statement and community plan to apply for an implementation grant from Blue Cross.

The specific objectives of the project were: 1.) to gain a better understanding of the needs, challenges, and opportunities for the creation of a countywide health, housing, environment and early childhood development coalition; 2.) to create a community plan that provides for a better informed community that understands the links between health, early childhood development, housing and physical environments; 3.) to increase collaboration among community partners focused on the areas of early childhood development, housing, health and physical environments; 4.) to improve training and support systems to address cross-sectoral issues affecting children's health (i.e. asthma, diabetes and childhood obesity); and 5.) to develop leadership skills among community members not typically perceived as leaders.

Over the past 10 months, the Growing Up Healthy Coalition has reached its goal by not only working together successfully to create a plan, but also by continuing to encourage new agencies and organizations to join the process. Many of the partner agencies and organizations increased their collaboration while other agencies were motivated to join the process. The existing group is committed to following through with the implementation grant process and to working towards sustainable change in the whole county to improve the health of young children and their families. Our better understanding of collaborative work and what this coalition needs to succeed will help to sustain it through the upcoming years of hard work.

## **Introduction**

The Rice County Growing Up Healthy Planning Project has resulted in many outcomes: a strong collaboration between and among agencies and organizations serving families with young children; a cadre of community members serving as facilitators and leaders; a shared community vision; a community plan to achieve the shared vision; and a greater awareness of the needs of families with young children. But the greatest outcome from this project is, without question, the body of knowledge gained through the community dialog process. Not only did we receive feedback on partner agencies, but we also heard stories from people about how “the system” is not meeting their needs. We learned what families worry about, what keeps them from accessing existing services, and what changes they would like to see made. We were given the opportunity to hear from community members who are often marginalized and overlooked to the point of being unwilling to share information and opinions. And we were also able to gain the trust of many community members who were not necessarily trusting at the beginning of the planning process. It is our greatest hope that we are able to address their concerns and needs in a way that is deserving of their continued trust. The following Shared Community Vision – developed during the planning project – is what continues to guide the Growing Up Healthy project:

*Through agency and community collaboration, Growing Up Healthy will collapse barriers, enhance access, and nurture relationships and educational opportunities resulting in a sense of true community spirit that supports an environment where children grow up healthy and thrive.*

## **Summary of Project Activities**

### **Phase 1**

In January of 2007, the planning project coordinator and one member of the advisory board attended a graduate level course on conducting focus groups and qualitative research. After 30 hours of class time and significant consultation with Drs. Richard A. Krueger and Mary Anne Casey, a plan was developed for the training of the community facilitators and the implementation of Phase 2.

Nine community members were recruited by representatives from partner agencies to serve as facilitators and were trained at the end of January. Eight of the facilitators first participated in one of the community dialogs; this was done to ensure that the facilitators would be able to elicit responses from dialog participants without injecting their own opinions into the process. Five of the facilitators ended up conducting all of the community dialogs. A sixth facilitator remained involved and participated in the vision and community plan phase.

### **Phase 2**

From January to May of 2007, twenty-two community dialogs were conducted with 161 participants. Twelve of the dialogs were in English, seven were in Spanish, and three were in Somali. In a 90 minute discussion format, participants were asked to identify the things they worry about most with regards to the health and safety of their children. They were asked to discuss what things they would like to see changed to alleviate these

worries. And they were asked to give feedback on specific existing programs and services within the county that serve families with young children.

*(Appendix A lists the specific date, location, number of participants, and language of each dialog. Appendix B is the script used by the facilitators in conducting each community dialog. Appendix C is the list of Programs and Services offered in Rice County that is referred to in question #5.)*

As the information from each dialog was coded and summarized, themes began to emerge. Primarily, participants were focused on fulfilling basic survival level needs. In this process they also identified many assets within the community that have helped them to fulfill such needs. However, they were frank about the barriers that exist in the community that keep them from being able to access basic services and programs. Finally, there was significant discussion about what families need to move beyond basic survival level needs and start to thrive.

### **Phase 3**

In June of 2007, the project moved into the shared community vision stage. The results of all of the community dialogs were shared with several groups (the advisory board, the advisory council, the early childhood initiative coalition, and a group of representatives from agencies interested in joining the Growing Up Healthy coalition). After sharing these results, each group was asked to think about their vision for the Growing Up Healthy project. Specifically, groups were asked to articulate what they want Rice County to look like, feel like, and be like in terms of the health and safety of young children and their families. All of this information was compiled by a small committee and the shared vision statement was written.

In July of 2007, all interested parties were invited to participate in a working meeting to develop the community plan. The group was split into 3 work groups to develop concrete action ideas that fit with the shared vision and addressed the concerns raised by community members in the series of dialogs. This meeting yielded several ideas, but the main focus was on innovative educational and outreach opportunities and on developing some way to bridge the gaps in the existing system. A small committee spent the next few weeks further developing these ideas into the community plan as outlined in the implementation grant application.

### **Barriers and Challenges**

Perhaps the largest barrier encountered in this project was recruiting community members to participate in the community dialogs. Our initial attempt to reach members of the community who were not already clients of one of the partner agencies proved nearly impossible. The “open invitation” style of community dialog did not attract enough participants to give us sufficient data – even though we were offering a \$30 gift card to each participant. Our solution was to conduct dialogs in a “piggyback” style, going to existing programs and classes and asking for class or program time to conduct our dialog. This approach proved much more successful.

While the “piggyback” dialogs helped us to reach more people, they did leave us with the bias that all of our information was coming from people who were already connected with the system in some way. To address this challenge, we opted to conduct a few more dialogs in the “open invitation” style, but we utilized key community members to deliver the invitations. For example, the project coordinator worked closely with a member of the Somali community in Faribault to schedule a community dialog with translators and Somali food in a location with which the community was already familiar. This resulted in an event that brought 66 participants and yielded three dialog groups.

## **Project Outcomes**

The following is a summary of the information received during our community dialog series. It includes assets and barriers identified as well as other concerns that families raised when asked what things they worry about most.

### ***Assets***

Assets identified were based on the list of programs and services given to participants in the course of the dialog. Participants were specifically asked to comment on the good points of the list of programs and services and not really given the opportunity to identify other community assets. Therefore, it should not be assumed that participants feel these are the only assets in the community. Rather, these are the positive aspects of the programs and services about which they were asked to comment.

- Public Health
  - WIC (Women, Infants and Children) is seen as an indispensable service, both a financial and an informational resource.
  - Home Visits were described as a benefit for the whole family, not just the newborn infant. Participants specifically noted the importance and value of building a relationship with the home visitor.
  - Immunization Clinics were also seen as indispensable for families without other means to get their children vaccinated.
  
- Head Start – the only educational opportunity for some families, it is viewed as vital in socialization and preparation for kindergarten. It is also identified as a great resource for the whole family.
- Housing Assistance – an excellent way for families to get ahead a little bit, it allowed some families to save and work on other issues for a while.
- Early Childhood Family Education (ECFE) – seen as accessible to most because of the sliding scale and a nice time for parent and child to bond
- Teen Parenting Class – this was viewed as the only inroad for teen parents to find out about many other existing programs and services
- Libraries – all of the library programs were seen as beneficial, especially because they are free. Specific positive comments were directed at Booker because it allows families to get books without having to deal with transportation issues. People were also excited about the number of Spanish language books available on Booker.

### ***Barriers***

The most often cited barrier for people accessing programs and services was a lack of information. Participants felt that people don't access services because they simply do not know about them.

*“I just don't know what there is out there. I don't even know how to find out about them [programs].”*

In some cases this can be attributed to language barriers. In others it has to do with reading barriers (many Somali elders, for example, could not read the information we

supplied at the dialog – even though it had been translated into Somali). For many people, being connected to one program or service is their access point to other information. This means that people who are not already connected are likely not getting any information about existing programs and services.

*“That’s exactly it, you stumble on them. There is no way of finding out about them...”*

Finally, many people reported a feeling of “information overload” when given too much information all at one time, something that left them feeling like they did not understand or remember any of the information they had received.

*“I don’t know if more papers would help. I’m overwhelmed with papers!”*

Another often cited barrier was a lack of transportation. Many people felt that the lack of transportation between Faribault and the rest of the county made it nearly impossible to access services in the government offices in Faribault. Additionally, people reported that the existing intra-city transportation systems and the assistance that is available for those who qualify do not meet the needs of Rice County residents.

### ***Other Themes***

**Improving the safety of communities** – Many residents expressed a strong fear of abduction as the number one thing that they worry about with regards to their children. Participants felt that increasing the sense of community and ownership in many areas (specifically low-income housing areas) would help residents to feel safer. In one specific dialog, the group shared that the nature of the low-income housing complex creates the feeling that there are always strange people around – that there are many people who only live there for a short period of time, that people are not careful about who they let in the doors, that the level of security in the complex is not high, that the lack of maintenance leads to security issues (people climbing in first floor windows, etc.). They agreed that they would all benefit from having more of a “village” or neighborhood feel.

*“I think we all need to pitch in and help each other out.”*

Many residents discussed the importance of improving traffic safety in and around their neighborhoods. Some requested crossing guards for school age children who have to walk to school. Others asked for speed bumps to be installed to increase the number of cars that obey the speed limit. Still others talked about the need for more police vigilance during certain hours (near the high schools right after school, near parking lots of large employers during shift changes, etc.). A few groups talked about maintenance issues in the winter (snow removal, narrowing streets and parking lots, etc.) and how to get someone in an administrative role to respond to their concerns.

Many groups discussed both positive and negative interactions with police officers in both Northfield and Faribault.

**Access to affordable, decent housing** – The general consensus was that there is not enough affordable housing available in the county, particularly housing for large families.

Many people would like to see shorter waiting lists for assistance and subsidized housing. In some cases, people are told that they will have to wait a year to get housing assistance.

*“What, am I supposed to be homeless for a year?”*

In addition, when people do find housing, it is often far too expensive or it doesn't meet the needs of families with young children. Participants in the Somali community reported spending near 50% of their income on housing. Several people talked about living in places where there is no place for kids to play. And many reported feeling like the conditions in affordable housing areas are not safe – getting back to the importance of improving the safety of communities and neighborhoods.

**Negative experiences with programs or services** – Many participants reported a sense of frustration when accessing programs and services. This frustration stemmed from too much paperwork and bureaucracy, feeling embarrassed at having to ask for help, and not being treated respectfully in certain encounters. Primarily, their message was that people feel overwhelmed when accessing services. Often they are in critical situations – dealing with basic survival needs – and they are left with too many loose ends to tie together on their own.

*“The hoops you have to jump through! A lot of times you just give up. Although you may actually be entitled to it. And...it's almost as if they hope that they're going to make it difficult enough that you are just going to go away and leave them alone.”*

*“Every time I talk to my financial worker I feel belittled.”*

The result of this conversation in most groups was the suggested solution of having someone available to help people during these difficult encounters. Adding to the desire to have someone available to help in difficult situations was the feeling that the community sees people who ask for help in a negative light. Many people felt that they or someone they know had not accessed services because of the negative impact simply “asking for help” would have on their lives.

*“There is just that stigma that's placed with you forever that you are this certain kind of parent if you fall into this income bracket... it's hard to get away from.”*

*“Even just choosing one service, I kinda felt like I was making a decision in the community... If I wanted to go and get help..., I'm not gonna be part of my parent's community, or the one I grew up in, but I'm going to be in **this** one.”*

**Help in navigating “the system”** – There were repeated requests in the dialogs for client advocacy. Many participants felt that having someone from outside “the system” to help with paperwork, to connect clients to resources, and to fill in the gaps that exist between agencies would make an enormous difference in the lives of many families. They also agreed that having someone who is fighting for you makes you more likely to follow through with your obligations – a sense of mutual responsibility. This person could serve many roles – but it was agreed that they should not have an affiliation with one particular

program, and that when possible, the contact should be initiated by the family, not the advocate. Specific suggestions of roles the advocate could fill were:

- Helping people fill out paperwork that is overwhelming and hard to understand
- Helping connect people with resources (e.g. people who need furniture getting in touch with those who have furniture to donate, finding transportation resources to move/access available furniture)  
*“somebody who knows this stuff ... there’s just got to be somebody to put everybody together.”*
- Helping fill in the gaps in existing services (i.e. finding deposit money for rental assistance programs, money to help with moving expenses, etc.)
- Helping people in situations that are emotionally difficult (asking for scholarship money for kids, taking part in activities that are traditionally cliquy and/or exclusive)

**Livable wage jobs** – Several participants felt that there are not enough jobs available in the county for people without a degree or a trade skill. Additionally, many of the jobs that are available do not come with benefits.

**Language and cultural barriers** – For many people there is still a significant need for translators/interpreters (both Spanish and Somali). The lack of translators makes it difficult for many people to participate fully in community life. While several participants acknowledged the need for non-English speakers to learn English, they also pointed out that there will always be new arrivals who have not yet had the time to learn English. This point was made to illustrate the ongoing need for translators in all service areas. Furthermore, the undocumented status of many immigrants presents unique challenges, particularly for those who are trying to access services for their children who were born here. One example is the need to verify income to be eligible for certain services; many undocumented workers cannot verify their income because they are working under an assumed name. Also, some of the Muslim residents reported that certain laws of the Koran make it difficult for them to access programs and services that do not take this into account (e.g. interest-based financing).

**Access to quality medical care** – Most people do not feel secure without access to some form of affordable, quality medical care. While we did not ask specific questions about access to health care, participants needed the chance to discuss this issue before moving on to other areas of concern. The major concern for most people was not having insurance coverage, or having difficulty in maintaining continuity of care while switching coverage, dealing with medical assistance eligibility, etc. In some groups there were concerns about access to doctors, specifically specialists, because there don’t seem to be enough slots available for appointments (particularly for those who need appointments right away as opposed to two or three weeks out).

There was also significant concern raised about the ability of some residents to access the quality of medical care that they know to be available in the community. Through follow up questions with participants and extensive conversations with members of the medical community, these problems seem to stem from a lack of translators, cross-cultural miscommunication and misunderstandings between patients and care providers, the use of emergency department facilities and personnel for visits that might be better suited for a clinic (but are seen in the ER because of insurance issues or time of day), and a reluctance on the part of the patient (or parent) to ask questions and/or challenge the care provider when (s)he is not comfortable with the diagnosis or care given.

**Affordable, quality child care** – Parents still struggle with knowing how to find quality child care that is affordable and meets their needs (i.e. night time hours for people who work nights). Many parents requested more information on how to find a provider, what kinds of questions to ask of a potential provider, and how to find out if the provider has a good record. Many participants also reported that the cost of child care is prohibitive, yet they have to work to access certain programs and services.

*“It takes half your pay check; it’s like paying rent... It’s not fair for us as a parent, how are you supposed to provide for your kid as well if they are taking half of your pay check. You need to pay your rent which is a ridiculous price, too.”*

Still other participants talked about the difficulty in deciding to put your child in someone else’s care. This decision is seen as being even more stressful when cost and quality of care are so hard to balance.

**Access to quality education** – Parents want more education for themselves and for their children, particularly for children in the birth to 5 age range. Many of the participants reacted in surprise at the number of educational programs that do exist but that they didn’t know about (see the section on barriers). Many also expressed frustration at the number of educational programs that are designed for stay-at-home parents. There was a strong desire for more programs to be at locations and times that would be easier for working parents, single parents, and families without transportation.

**Freedom from isolation** – Many parents – particularly single parents and those living in rural areas - feel isolated for varying reasons. They would like to see more programs that are designed to connect people with each other and more opportunities for socialization for both parents and children.

*“It is really hard to raise your kids happily and healthily by yourself.”*

**Freedom from discrimination** – Participants reported many types of discrimination in the county and emphasized the importance of treating people fairly in all aspects of life. One participant stressed that if given a chance, all people bring value to the community – it is our responsibility to find that value and put it to use.

### **Next Steps**

The next steps for Rice County's Growing Up Healthy project are as follows:

1. Apply for an implementation grant through the Blue Cross Blue Shield of Minnesota Foundation.
2. Continue to share the results of the community dialog series and the community plan with groups in the county.
3. Improve our existing programs based on feedback from the dialog series.
4. Work with existing coalitions to address issues raised in the dialogs (e.g. traffic safety).
5. Pursue additional funding sources to address concerns that fall outside of the scope of the Blue Cross grant.

### **Plans for Sustaining the Project**

Through this planning grant, new relationships have been formed among project partners and existing relationships have been strengthened, particularly those across city lines. These relationships will allow for additional collaboration and initiatives long after the Blue Cross funding ends.

Growing Up Healthy developed new leaders that will be incorporated into other opportunities and agencies. This will allow a new infusion of ideas and energy into existing groups and assure that additional voices of marginalized groups are present in major community entities.

Presentations of the results of the community dialog series will continue to take place throughout the county. These provide a way that existing groups can incorporate the "lessons learned" from the Growing Up Healthy project into their ongoing operations, allowing for sustainability without funding.