Community Solutions Fund *for* Healthy Child Development

Final Report

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SCHOOL READINESS CONSULTING

MINNESOTA

ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

School Readiness Consulting (SRC) partnered with Minnesota's Departments of Education, Health, and Human Services and with the Children's Cabinet to document the state's efforts to better align the early childhood system through the federal Preschool Development Grant Birth through Five (PDG B-5), including efforts to develop the Community Solutions for Healthy Child Development grant program. The Community Solutions Fund (CSF) is a public grant program with three goals: (1) improving child development outcomes related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families, (2) reducing racial disparities, and (3) promoting racial and geographic equity. This report details the CSF implementation, grantees' successes and needs, and lessons learned about equity-centered grant-making during the 2020–23 grant period.

THE PROBLEM

Minnesota is one of the healthiest states in the United States, but wide disparities persist in Minnesota's health factors and outcomes. Overall, white Minnesotans experience much better health indicators and quality-of-life outcomes (e.g., full-term pregnancies, healthy birth, long life spans) than Minnesotans from other racial and ethnic groups. These disparities are closely tied to *social determinants of health* (SDOH), or social factors and environments where people live. There is a wide range of SDOH, including access to high-quality health care, participation in early childhood programs, safe housing, and economic stability, among many others. Addressing SDOH to increase family well-being and equity requires concerted efforts from multiple systems, leaders, and stakeholders.

Community-led solutions are effective in improving family well-being and promoting health equity, yet the solutions of Indigenous communities and communities of color are largely underfunded. Because community members know the needs and assets of their communities best, they are well positioned to develop customized and effective initiatives for their communities. Community-led solutions can help reduce health disparities by improving access to health care, increasing community well-being, and strengthening local economies, especially when the solutions are sufficiently funded and supported by private and public organizations through multi-sector networks. However, there is insufficient grant funding dedicated to historically marginalized populations (e.g., Indigenous, Black, Asian, and Latine communities and populations with disabilities). And overall, grant applications submitted by leaders of color and Indigenous leaders are less likely to be funded than those submitted by white leaders.

THE OPPORTUNITY

The CSF is leveraging effective, community-driven initiatives. In the 2020–23 grant period, the CSF has offered funding and technical assistance to 23 local organizations led by Indigenous people and people of color so that these organizations can implement solutions to challenges identified by affected communities (e.g., lack of access to prenatal care). These organizations are implementing a wide range of solutions, such as offering culturally responsive doula/midwife services and training educators and caregivers to support family well-being. SRC's examination of the CSF shows that grantees are serving numerous children and families from Indigenous communities and communities of color across the state. Taken as a whole, the strategies are improving children's developmental contexts and social structures, which could ultimately improve health outcomes and reduce disparities.

SRC's analysis revealed that CSF's successes are largely due to three key ingredients:

1. **Whole-person health approach:** CSF-related policies and practices have aligned around a whole-person health approach, whereby people are supported across multiple dimensions (e.g., physical, socioemotional, and psychological) and through coordinated services so that they can achieve wellness. The whole-person approach has encouraged CSF grantee organizations and stakeholders to develop successful interagency partnerships and enabled them to better serve local families.

2. **Community-centeredness:** The CSF has centered local communities throughout the whole process of developing, implementing, and assessing CSF initiatives. By being community-centered, the CSF and its grantees have effectively identified and leveraged local assets, priorities, and cultures.

3. **Tailored grant-making practices:** CSF has greatly benefited from the state's flexible grant-making practices, which have supported grantees in developing culturally responsive, community-specific solutions and strategies.

> "[Our program] was created for the community, by the community, and with the community. That's why it is working really well."
> **— CSF GRANTEE**

THE REMAINING NEEDS

Despite all the CSF's efforts and progress, the following major needs remain:

- greater cross-sector system coordination
- easier system navigation for families
- more opportunities for community leaders and families to participate in policy-making
- more accessible communication and supports from state agencies for multilingual families and people with disabilities
- more administrative support and infrastructure for CSF-funded organizations, especially those led by Indigenous people or not previously funded by the state
- more targeted supports from the state to ensure that grantees and their solutions remain financially sustainable

KEY RECOMMENDATIONS

Based on our findings, we offer the following considerations for expanding whole-person health programs, bolstering community-driven initiatives, and developing systems that facilitate grantees' sustainability:

1. **Support strategic partnerships around whole-person health.** The state can propel whole-person health and bolster the CSF grantees' work by launching strategic communication campaigns and encouraging multi-sector partnerships.

2. **Bolster community-led initiatives.** The state can support community-led initiatives by adopting a community-centered approach to communication and offering additional leadership opportunities for community members.

3. **Streamline grant processes to facilitate grantees' work and sustainability.** Ongoing funding for CSF needs to be secured to ensure that community solutions can fully bear fruit. It would also be beneficial to replicate the braided funding model used by CSF and develop additional interagency agreements. And to facilitate the work of current and future CSF grantees, it would be important to change the policies that inhibit equitable grant-making and advocate for supporting communities' participation in grant processes.

INTRODUCTION

CONTEXT SETTING

Minnesota is one of the healthiest states in the United States, yet wide disparities persist in health factors and outcomes. For several decades, white Minnesotans have experienced much better health indicators and outcomes than Minnesotans from other racial and ethnic groups.[1] For instance, Indigenous, Black, and Latine children in Minnesota are more likely than white children to die at birth, to be born prematurely, or to lack access to preventive care.[2] These health disparities are closely tied to the *social determinants of health* (SDOH)—which are the "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"[3] and may include conditions such as access to health services, participation in early childhood programs, and safe housing.[4] SDOH can be grouped into five domains: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability (see Figure 1). Research shows that addressing upstream factors in those domains significantly improves individual well-being and reduces health disparities.[5] Minnesota's legislators and community leaders, in partnership with the Minnesota Department of Health (MDH), have sought to improve the social and economic conditions that create racial health disparities for more than two decades; however, more work needs to be done to truly eliminate health disparities.[6] It is especially important to address the factors that shape Minnesotans' first years of life, as these set the foundation for health and socioeconomic well-being throughout life.[7]

[1] Donovan & Nelson (2021); Radley et al. (2021).
[2] Minnesota Department of Health (2019); Radley et al. (2021).
[3] Office of Disease Prevention and Health Promotion (n.d.).
[4] Minnesota Department of Health (2014).
[5] See Office of Disease Prevention and Health Promotion (n.d.).
[6] Minnesota Department of Health (2020).
[7] Braveman et al. (2011).

Figure 1. Social determinants of health by domain

Notes. Figure 1 is based on Office of Disease Prevention and Health Promotion (n.d.). The SDOH that have a positive impact on health outcomes are marked with a plus sign (+); the SDOH that negatively impact health outcomes or disparities are marked with a minus sign (−).

Textbox 1. Examples of SDOH disparities among Minnesota's children and families

Health care access disparities: Fifty-four percent of Latinx/Hispanic children, 34% of Black children, and 33% of White children do not have access to routine medical and dental care visits.[8]

Economic stability disparities: Indigenous and Black Minnesotans are, respectively, three and four times more likely than white Minnesotans to experience poverty. Due to their families' limited financial opportunities, Black children are seven times more likely than white children to not have enough food to eat.[9]

Total cost of racial health disparities to Minnesota: The costs of racial health disparities in Minnesota amount to $2.26 billion dollars per year.[10]

Sources: Allen et al. (2018); Kids Count Data Center (2022); Nanney et al. (2019); U.S. Census Bureau (2021).

Community-led solutions are key to promoting health equity and addressing SDOH disparities. A community-led solution is an "action, policy, program, or law that is driven by the community (members), and that affects local factors that can influence health and has the potential to advance progress toward health equity."[11] Community-led solutions are an excellent option, because community members know the needs and assets of their communities best and can, therefore, develop initiatives that work well for their communities.[12] Community-led solutions can help reduce health disparities by improving access to health care, increasing community well-being, and strengthening local economies, especially when the solutions are sufficiently funded and supported by private and public organizations through multi-sector networks.[13] Community-led solutions are aligned with the state's commitment to *targeted universalism*, as they can offer targeted, locally based strategies to achieve statewide policy goals.[14]

Several states have reaped great benefits from investing in community-led solutions. Through a braided funding model, Rhode Island has invested more than $30 million in the Health Equity Zone (HEZ) Initiative, which leverages community/place-based knowledge and strategies to address health inequities and the social determinants of health, while building sustainable infrastructures locally and statewide. Rhode Island's HEZs are making progress toward addressing integrated health care, community resilience, physical environment, socioeconomics, and community trauma.[15] Locally based and culturally tailored solutions (such as those funded by Racial and Ethnic Approaches to Community Health [REACH] program grants) have also helped increase African Americans' access to and consumption of healthy foods in Georgia and California. And the **Toiyabe Indian Health Project** leveraged federal funding and local partnerships to create community gardens and teach food self-sufficiency firsthand for more than 3,000 American Indians in seven tribes and across two tribal communities, which increased healthy food production and consumption as well as physical activity and multigenerational learning.[16]

[8] Health care access data are unavailable for American Indian / Alaska Native children.
[9] Food insecurity data for Indigenous children were not available.
[10] This cost stems from work-limiting health conditions and the dollar value of lives that would be saved if racial health disparities were eliminated.
[11] National Academies of Sciences, Engineering, and Medicine (NASEM, 2017, xxiii).
[12] NASEM (2017).
[13] Emarita (2015); Mays et al. (2016); NASEM (2017).
[14] See Powell et al. (2019) to learn more about targeted universalism.
[15] See Rhode Island Department of Health (2022).
[16] Centers for Disease Control and Prevention (2020).

Despite the demonstrated benefits of investing in community-led solutions to advance health equity, Indigenous, Black, and other communities of color are often underfunded and less likely to receive grants. There is insufficient grant funding dedicated to historically marginalized populations; overall, health grant applications submitted by leaders of color and Indigenous leaders are less likely to be funded than those submitted by white leaders.[17] Researchers have found that organizations and leaders of color often face four barriers to securing funding and maintaining their initiatives: inequitable access to funding communities, interpersonal bias, rigid grant requirements and expected outcomes, and difficulty securing the trust of funders and grant managers.[18] Long-term sustainability of solutions led by Black, Indigenous, and people of color can be especially challenging because, in general, leaders of color have less access to philanthropic and other financial supports.[19] Historically, in Minnesota, many initiatives led by Indigenous people and people of color have effectively contributed to healthy early childhood development, yet few of those initiatives have been adopted or scaled up through public state contracts.[20]

To address health disparities and funding gaps, Minnesotan legislators and the MDH have historically focused on funding organizations and projects developed and implemented by and for Indigenous, Black, and other communities of color. In 2001, the Minnesota State Legislature established the **Eliminating Health Disparities Initiative (EHDI)** grant program to address health inequities for populations of color and Indigenous communities. Over the past 20 years, EHDI grantees have provided millions of people of color and American Indians with culturally appropriate preventive services and education related to eight priority health areas: breast and cervical cancer screening, diabetes, heart disease and stroke, HIV/AIDS and sexually transmitted infections, immunizations for adults and children, infant mortality, teen pregnancy, and unintentional injury and violence.[21] EHDI has helped develop community-driven solutions to health disparities that could improve population-level outcomes if taken to scale.[22] Another promising community-rooted health initiative is the **Minnesota Statewide Health Improvement Partnership (SHIP)**, which funds local public health and Tribal partners that work with local organizations to prevent chronic diseases by helping Minnesotans be more physically active, eat healthier foods, and live free from commercial tobacco.[23] Minnesota's investments in community-grounded organizations that serve historically marginalized populations have led to positive changes in individual health outcomes, institutions, policies, and health care systems.[24]

[17] Taffe & Gilpin (2021).
[18] Dorsey et al. (2020a, 2020b).
[19] Dorsey et al. (2020a, 2020b).
[20] Emarita (2015).
[21] Minnesota Department of Health (2020).
[22] Minnesota Department of Health (2020).
[23] The term "commercial tobacco" refers to tobacco products manufactured by companies for recreational and habitual use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products that are sold for profit. Commercial tobacco does not include or refer to sacred tobaccos that are used by many Native American tribes in spiritual and cultural ceremonies and prayer (Minnesota Department of Health, 2021).
[24] Minnesota Department of Health (2020, 2021).

These initiatives alone are not sufficient to serve all the historically underserved populations in Minnesota, and community leaders have pushed MDH to explicitly address equity. While both initiatives have sought to support organizations across all 87 counties and within the 11 Tribal Nations of Minnesota, the funded organizations cannot serve everyone in Minnesota. In their respective priority areas, EHDI and SHIP have improved key health outcomes but have not eliminated health disparities between white Minnesotans and people of color or Indigenous people.[25] Community leaders and advocates have called MDH to prioritize broader, equity-oriented programs, policies, and practices. In response, MDH has committed to tackling the inequities in SDOH and to change policies and practices that perpetuate structural racism, which MDH considers the root cause of health disparities.[26] MDH has also acknowledged that health equity requires comprehensive solutions, including not only targeted grants for community-driven strategies and access to health care, but also public investments in housing, transportation, education, economic opportunity, and criminal justice.[27] Minnesotans have supported MDH's comprehensive focus and requested additional funding for community-driven, comprehensive solutions; larger public investments; and more coordination across state agencies.[28] By investing in community-driven solutions, Minnesotans can create equitable and healthy systems for children and families while strengthening local economies. [29]

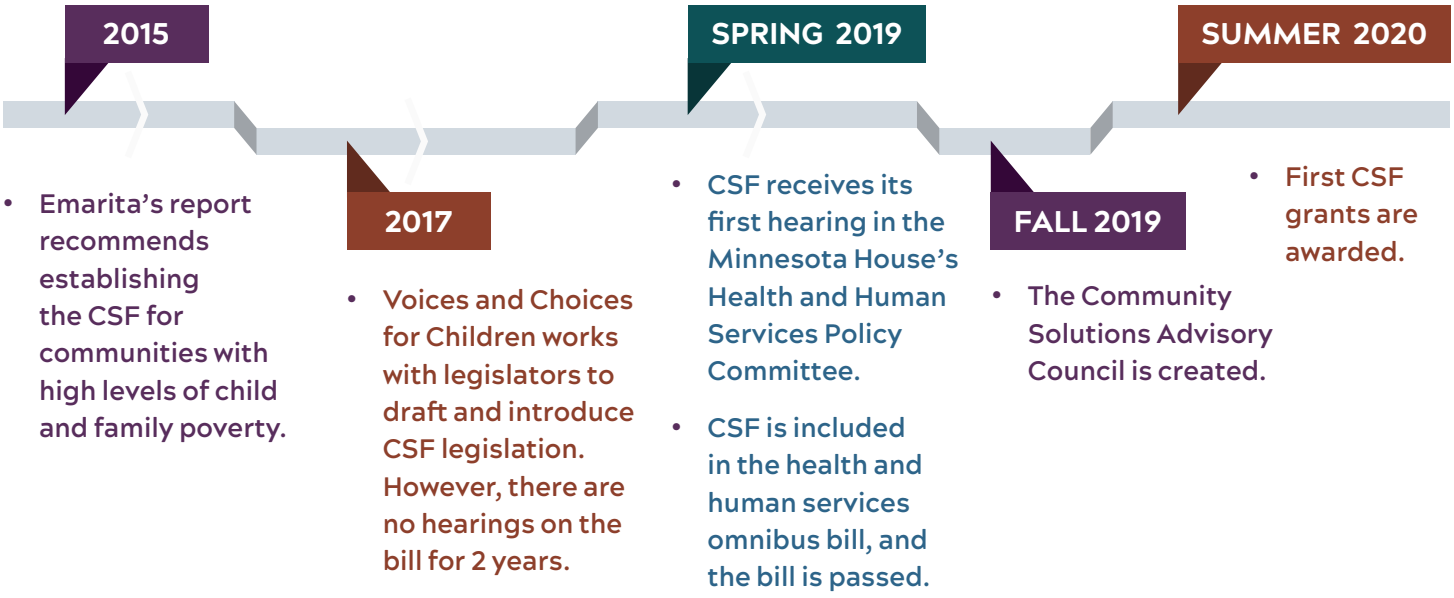
What is the Community Solutions Fund?

The Community Solutions Fund (CSF) is a public grant program rooted in community advocacy and aimed at supporting local solutions for issues identified by and for affected communities. In 2015, Betty Emarita, president and founder of Development and Training, Inc., released a seminal report, ***Recommendations for the Well-Being of Families of Color and American Indian Families***, sponsored by Children's Defense Fund Minnesota, in partnership with the former Minnesota Office of Early Learning and many local early childhood advocates (see Figure 2, which sets out the timeline of CSF development). The report listed recommendations for policies and practices that could be supported by a broad coalition of communities of color and Tribal Nations in Minnesota. One of the report's recommendations was to "establish Community Solutions Funds for communities with high levels of child and family poverty."[30] The funds would help finance solutions for issues prioritized by and for affected communities in order to improve measures of well-being for children and families. **Voices and Choices for Children**—an advocacy coalition focused on empowering Indigenous people and people of color involved in early childhood in Minnesota and funded by Children's Defense Fund Minnesota—tirelessly pushed for the implementation

[25] The Minnesota Department of Health (2020, 2021).
[26] Minnesota Department of Health (2014).
[27] Minnesota Department of Health (2014, 2020).
[28] See Minnesota (2019).
[29] Minnesota Council on Economic Expansion (2022).
[30] Emarita (2015, p. 11).

of these recommendations and was able to inform the state-level legislative agenda. In 2019, Minnesota policy-makers responded to advocates' call for funding community-led solutions and established the Community Solutions for Healthy Child Development grant (i.e., CSF). According to the legislation, the CSF has three main goals: improve child development outcomes related to the well-being of children of color and Indigenous children from prenatal to grade 3 and their families; reduce racial disparities in children's health and development from prenatal to grade 3; and promote racial and geographic equity. The legislation appropriated state funding for the grant program and directed MDH to help distribute the funding.[31] In addition to the state funds, the CSF received funds from the Preschool Development Grant Birth through Five (PDG B-5), a short-term, competitive federal grant designed to help states more effectively use available federal, state, local, and nongovernmental resources and strengthen coordination among the existing early care and education programs.[32] Minnesota has invested PDG B-5 funds in the CSF since 2019 as a way to develop state and local infrastructure that prioritizes family choice and involvement, community-defined solutions, shared best practices, and family and community economic stability.[33] With braided funding streams, the CSF is awarding a total of approximately $5,250,000 between 2020 and 2023.[34]

Figure 2. Timeline of CSF development

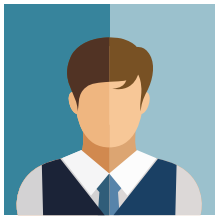


Note. Most of the information included in Figure 2 was taken from Voices and Choices for Children Coalition (2019).

[31] See Minnesota Legislature (2019).
[32] Office of Child Care (2022).
[33] See Minnesota Department of Education (2018).
[34] Minnesota Department of Health (2022).

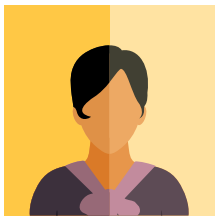
How is the CSF administered?

2X
African Heritage Community



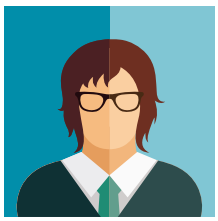
2X
Latine Heritage Community

2X
Asian/PPI Heritage Community

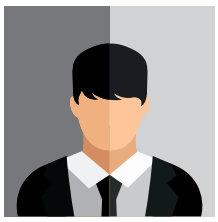


2X
Amer. Indian Heritage Community

2X
Parents of children of color under 9 yo.



1X
Member with research expertise in racial equity

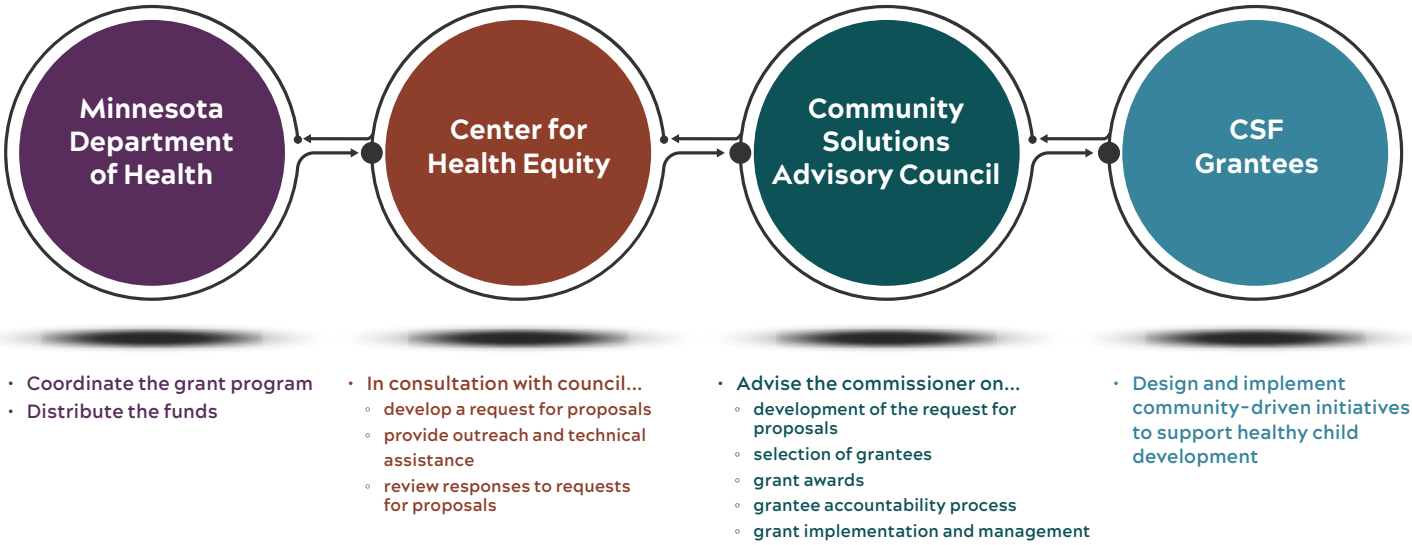


1X
Member advocating for people of color

The 2019 law ordered that the CSF should be governed by a racially and ethnically diverse advisory council and housed in MDH's Center for Health Equity. The statute required the creation of a 12-member Community Solutions Advisory Council comprising "(1) two members representing the African Heritage community; (2) two members representing the Latine community; (3) two members representing the Asian and Pacific Islander community; (4) two members representing the American Indian community; (5) two parents of children under nine years of age who are children of color or American Indian children; (6) one member with research or academic expertise in racial equity and healthy child development; and (7) one member representing an organization that advocates on behalf of communities of color or American Indians," while ensuring that at least three of the 12 members of the council came from outside the seven-county metropolitan area.[35] The Community Solutions Advisory Council was charged with partnering with the commissioner of health, through the Center for Health Equity (CHE), to develop a request for proposals, select grantees and grant awards, design an accountability process for grantees, and oversee grant implementation (see Figure 3 for a visual representation of CSF key players' roles). The statute specified that, in developing the proposals and awarding the grants, both CHE staff and the council should consider how to build on the capacity of communities to promote child and family well-being and address SDOH.[36] CHE staff were also tasked with monitoring grantees' progress and providing them with technical assistance so that they could implement effective community-led solutions, all in consultation with the advisory council. Thus, by design, the CSF offers opportunities for collaborative decision-making and power-sharing.

[35] Minnesota Legislature (2019).
[36] Minnesota Legislature (2019).Department of Health (2022).

Figure 3. Overseers and implementers of the CSF



Note. The responsibilities listed for each organization or individual are based on Minnesota Legislature (2019).

Who are the current CSF grantees?

The 2020–23 grantee cohort includes 23 community-based organizations led by Indigenous people and people of color.[37] These organizations are implementing a wide range of strategies to address the most pressing challenges for their local communities. For example, while several grantees are offering doula/midwife services to improve birth experiences and outcomes, others seek to sustain heritage cultures by training educators and caregivers. The grantees' initiatives can be grouped in three broad areas: community well-being, family empowerment, and early childhood environments and providers. Strategies in those areas are interrelated and can help improve children's developmental contexts and social structures so that health outcomes improve and disparities are reduced. Table 1 describes each area and lists CSF grantee organizations according to their focus area.

[37] More than a third (35%) of the grantee organizations have Indigenous people in leadership positions. Around a fifth of the grantee organizations have African / African American or Latine people in leadership positions (respectively, 22% and 17% of the organizations).

Table 1. CSF grantees per focal SDOH domain

Focal Domain	Grantees focused on this domain
Health Care Access and Quality Nine grantees focus on providing families and children with access to culturally responsive health services or on reducing barriers to this access. For example, three grantees (DIW, Fond du Lac Band of Lake Superior Chippewa, RCBC) are using CSF to offer doula services. Two grantees (ACS and MAAN) are challenging cultural misconceptions about disabilities so that children can have needed services and support.	1. African Community Services (ACS) 2. Children's Dental Services (CDS) 3. Division of Indian Work (DIW) 4. Fond du Lac Band of Lake Superior Chippewa 5. Minnesota CarePartner (MNCP) 6. Multicultural Autism Action Network (MAAN) 7. Roots Community Birth Center (RCBC) 8. Tserha Aryam Kidist Selassie (TAKS) Church 9. Wicoie Nandagikendan
Community Development and Family Empowerment Eleven grantees are improving social contexts by building family support groups and offering opportunities for families to learn about early development and parenting. For example, several grantees (CTG, HECC, and MAICC) are using the CSF to pilot culturally responsive home visiting programs. Leech Lake Band of Ojibwe and PICA are training and supporting male caregivers. Fond du Lac Tribal College and NICDC are teaching Ojibwe to both adults and children to strengthen individual and collective identities.	10. Centro Tyrone Guzman (CTG) 11. Comunidades Latinas Unidas En Servicio (CLUES) 12. Fond du Lac Tribal College 13. Hmong Early Childhood Coalition (HECC) 14. Indigenous Visioning 15. Korean Service Center (KSC) 16. Leech Lake Band of Ojibwe 17. Montessori American Indian Childcare Center (MAICC) 18. Network for the Development of Children of African Descent (NDCAD) 19. Northwest Indian Community Development Center (NICDC) 20. Parents in Community Action (PICA)
Early Childhood Access and Quality Three grantee organizations are using the CSF to train early childhood providers and/or create better early childhood environments. While the Hallie Q. Brown Community Center is creating a transitional classroom, Red Lake and La Red are training early childhood providers and helping them incorporate culturally sustainable practices.	21. Hallie Q. Brown Community Center 22. La Red de Educación Temprana (La Red) 23. Red Lake Comprehensive Health Services (Red Lake)

The state of Minnesota is interested in examining the impact of the CSF and using lessons learned to continue the grant in the coming years. The Minnesota Department of Health wants to assess the progress and impact of the CSF. Staff at other agencies would like to learn from CSF grantees and better understand how to design and manage equity-centered grants. The manager and supporting staff of the federal PDG B-5 (which contributed funds to the CSF) wish to know how the CSF facilitates and is supported by interagency collaboration. The lessons learned from the CSF can inform not only grant-making practices, but also Minnesota's health care and early education systems.

OUR EXAMINATION OF THE CSF

School Readiness Consulting (SRC) partnered with Minnesota's Departments of Education (MDE), Health (MDH), and Human Services (DHS) and the Children's Cabinet to document efforts related to the federal PDG B 5, including the CSF. SRC's analysis of the CSF centered on three questions:

1. **What is working well for the CSF grantees?**
2. **What additional support do CSF grantees need?**
3. **What lessons have been learned through the equity-centered grant-making process of the CSF?**

To address the guiding questions and support MDE's and MDH's grant-making processes, SRC examined quantitative and qualitative data. Specifically, we reviewed key existing documents (provided by MDH and other state agencies) and engaged in participant observation of the grantees' convenings. We also conducted focus groups and surveys with MDH staff. Figure 4 summarizes the data collection process. The SRC team analyzed the quantitative data through descriptive statistics and the qualitative data through content analysis. We verified findings by comparing multiple data sources.

Figure 4. Data sources

DOCUMENT REVIEW

- Grantees' annual reports from 2021 and 2022
- MDH notes from 6-month check ins (2021 and 2022)
- Grantees' evaluation plans
- Materials produced for and in BUILD Communities of Practice Sessions
- Reports from other external evaluators and organizations (i.e., Wilder, Improve Group, and Voices & Choices for Children)

PARTICIPANT OBSERVATION

- SRC staff attended grantee gatherings and provided grantees with training and technical assistance and training on evaluation and storytelling. The sessions were videorecorded and transcribed.

MDH staff focus group sessions and surveys

- SRC met with staff from CS grant managers (from MDH) to gather their perspectives on the grantmaking process and grantees' progress in Fall 2021, Spring 2022, Fall 2022.

THE REPORT

Our data analysis revealed that the CSF has three key elements: a whole-person health approach, community-led programming, and tailored grant supports and processes. We discuss those elements in terms of what is working well and what is still needed. We draw on the identified needs to offer recommendations for CSF stakeholders, including grantees, community advocates, state agency staff, and legislators.

FINDINGS

We grouped the findings around three key themes: whole-person health, community-led programming, and tailored grant supports and processes. For each theme, we explain what is working well and what is still needed. Overall, our findings suggest that the CSF has allowed grantee organizations to develop culturally specific initiatives that are improving individual and collective well-being. Yet grantee organizations need additional support and streamlined systems to sustain their work beyond the grant period.

WHOLE-PERSON HEALTH

What's working well with the whole-person health approach?

The state of Minnesota supports a whole-person health approach. On one hand, the state is supporting the whole-person health approach through policy and strategic planning. In the governor's Roadmap for Equitable Economic Expansion, a key strategy for building equitable, effective, and affordable health care systems is to "co-create solutions and reform structures for whole-person health."[38] As part of that strategy, the Community Solutions Advisory Council recommends supporting a fuller health care continuum, including behavioral and mental health services, and investing in community-based organizations' efforts to reduce health disparities. On the other hand, the Minnesota Department of Health and its grantees—including CSF grantees—are putting the whole-person approach into action. Instead of looking at medical issues in a vacuum, MDH and its grantees address the person as a whole, including the environments and communities where the person develops. The grantees are working with state agencies to facilitate access to and coordination of health services for both children and adults.

Textbox 2. Whole-person health care requires the following:

- considering all aspects of a person's health, including their physical, mental, and socioemotional health
- addressing social determinants of health through targeted strategies
- offering a full spectrum of services and supports, ideally in the local community
- taking a systems-based approach to maximize resources and address service gaps
- evaluating progress at the individual and population levels
- incorporating local communities' needs, assets, and knowledge

Sources: California Association of Public Hospitals and Health Systems (n.d.); Kaufman, M. (2017); National Center for Complementary and Integrative Health (2021).

[38] Minnesota Council on Economic Expansion (2022, p. 7).

In the Spotlight

Tserha Aryam Kidist Selassie

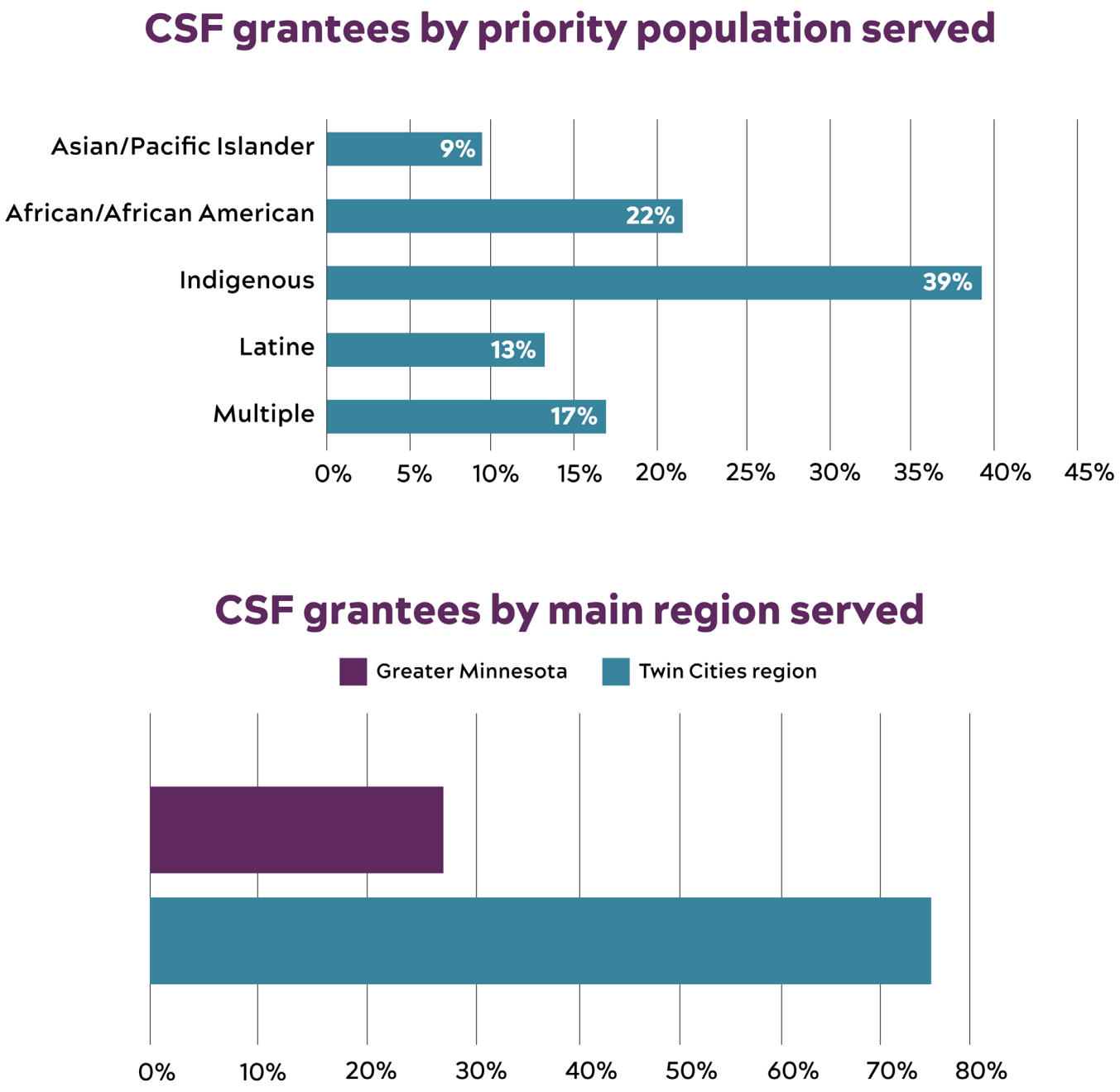
Tserha Aryam Kidist Selassie (TAKS) is an Ethiopian Orthodox Tewahedo Church that underscores the importance of community-rooted health screening and health education. TAKS provides local community members with opportunities to access health-related services in their neighborhood. With the CSF, TAKS has been able to expand the reach and frequency of its health screening events. In the second year of the grant (2021–22), TAKS conducted weekly health screening community events that served a total of 241 people, all of whom were referred to a primary care provider and received health education on diet, weight loss, and exercise. Based on the local community members' needs, TAKS organized an education session on depression awareness, with 239 attendees. These and other TAKS health-related events have helped improve the physical and mental well-being of local community members.

The CSF has also enabled TAKS to develop a home visiting program that is culturally responsive and helps families access key services. TAKS adapted the **Parent as Teachers model** to make the home visiting program more aligned with the cultures and traditions of the local Ethiopian community. And although the social restrictions of the pandemic forced TAKS to conduct some home visits remotely, TAKS did not stop serving families. Even at the peak of the pandemic, TAKS offered intergenerational and parent education programs (via Zoom). These culturally and linguistically responsive programs facilitated families' access to services from the comfort of their home, church, or neighborhood while also strengthening cultural identities and social cohesion—which are important SDOH. TAKS staff recognize the key contribution of the state: "Having this kind of program supported by the state and having the fund helps the community continue holding their identity and securing it." State investments in community-based solutions have large tangible and intangible effects.

During the COVID-19 pandemic, CSF grantees have shown that a whole-person approach and responsiveness to the local community's needs can improve health indicators. Although the COVID-19 pandemic has brought challenges to CSF grantees, they have been able to adjust their programming and offer comprehensive services to their communities. The COVID-19 pandemic—and ensuing lockdowns and social distancing requirements—impeded the execution of some grant activities. For instance, at the beginning of the pandemic, grantee organizations could not implement in-person activities and had to find ways to make their events socially distanced or remote. Transitioning to virtual platforms was not easy (especially in communities with a lack of reliable internet access), yet the pandemic has also encouraged some grantees to expand their services and use technologies to serve more people. Many grantee organizations are offering key wraparound services to support not only children, but also whole families. For example, several grantee organizations (e.g., African Community Services, Hallie Q. Brown Community Center, La Red de Educación Temprana) are delivering food and other essential items to local families. Other organizations (e.g., TAKS and MAICC) have home visiting programs and assist families in accessing holistic wellness programs both for children (prenatal–3rd grade) and also for their families. As these examples show, grantees are responding to the need for whole-child/whole-family approaches and are serving an important number of families, most of whom are from historically marginalized communities (see Figure 5).

> "With concerns about COVID-19 still running high, the majority of our meetings and events took place virtually or were redesigned to accommodate social distancing and to ensure the safety of all participants. For example, our annual male involvement 'kickoff' breakfast for men and their children was held in a drive-through format, featuring a 'grab and go' breakfast, treats and entertainment for children, and a program calendar and information for men. Virtual meetings and training events were well received by men; they appreciated the flexibility and convenience of being able to participate from their own homes."
>
> **— CSF GRANTEE LEAD**

Figure 5. Communities served by CSF grantees



Note. The percentages in the figure are based on the 23 grantees' reported service areas and communities served in the first year of the grant. Some grantees served multiple counties; the percentages in the figure represent each grantee's most frequently served area. The Twin Cities region comprises seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties. Greater Minnesota includes areas outside those seven counties.

Several grantee organizations have developed successful partnerships with one another and with external agencies to promote whole-person health. For example, two CSF grantees—Children's Dental Services and PICA—have partnered to host free dental care events, targeting Latine families. These services are helping address important health disparities, as more than half (54%) of Latine children do not have access to medical and dental preventive care visits.[39] Other grantee organizations have found it helpful to identify organizations or agencies with which they share similar goals and work together to support one another's initiatives. The Network for the Development of Children of African Descent (NDCAD), for instance, is expanding the reach and scope of its Afro-centered, two-generation family literacy program by partnering with the Saint Paul Public Library System, 3M Foundation, Minnesota Historical Society, and Greater Twin Cities United Way. Wicoie Nandagikenda has used the CSF to grow, purchase, prepare, and distribute Indigenous foods while sharing stories in Dakota and Ojibwe, in partnership with Dream of Wild Health, the Indigenous Food Network, Little Earth of United Tribes youth group and garden, and local parks. Wicoie is also working with TRIO, a food service provider, to incorporate healthy, Indigenous foods in the school menus offered to more than 1,200 children. Additionally, Wicoie is partnering with the Midwest Indigenous Immersion Network to implement language immersion programs and storytelling in Dakota and Ojibwe. Wicoie's partnerships were greatly supported and expanded through the CSF. Many CSF grantee leaders said they appreciated having opportunities to connect with other community-driven organizations in Minnesota; some leaders said they were planning to stay in touch with other CSF grantee leaders. However, grantees may need additional support and connections to additional funding sources, including private philanthropic foundations.

[39] Radley et al. (2022).

In the Spotlight

La Red Latina de Educación Temprana

During the pandemic, **La Red Latina de Educación Temprana (La Red)** expanded its services to offer more comprehensive, preventive services. La Red began with informal conversations among parents and caregivers who wanted to improve the well-being of the Latine community in Richfield and Bloomington. Over the years, La Red became a larger network of supports for children, families, and child care providers. With the CSF, La Red trained more than 840 Latine family, friend, and neighbor (FFN) child care providers in health-related areas such as nutrition, physical activity, and disability screening. During the pandemic, the local community faced major health challenges, including high rates of COVID infection, low vaccination rates, and lack of access to healthy foods. Recognizing those community needs, La Red hosted four vaccination events for adults and children and distributed masks and COVID tests, in collaboration with St. Mary's Clinic, Bloomington Public Health Center, and Partnership Academy. La Red staff also helped families and child care providers access a continuum of health care, including mental health services. And during the CSF grant period, La Red built connections with other organizations to offer healthy foods to approximately 7,800 families across the 24 food distribution events. In the words of a La Red program leader, La Red staff "just try to make sure everyone in the family is good," and when their community needs a resource or a service, they "do not give up until they find it." La Red is also partnering with the Minnesota Department of Education to produce videos in Spanish about early childhood screening. Through all these partnerships and efforts, La Red is promoting whole-person health and improving access to high-quality early childhood services and health care.

What's still needed for whole-person health?

To boost CSF grantees' progress concerning whole-person health, greater cross-sector system coordination is needed. Several grantee staff members shared that, despite their best efforts, it was still difficult for many families to navigate the multiple systems and services that shaped their family's well-being and their children's development. For immigrant families, in particular, it was difficult to fully understand the U.S. education and health care systems (often due to language differences and cultural mismatches). Grantee staff and families also noticed a disconnect among the various parts of the systems that could contribute to whole-person health. For example, the CSF grantees who offered doula services struggled to convince certain hospitals and health care providers of the value of their preventive, culturally specific work. This disagreement limited doulas' role and impact on family's care. Other CSF grantees shared that schools did not always acknowledge their expertise or support their holistic approach. From the grantees' perspective, their work would be much more effective if there was increased awareness about the importance of a holistic, culturally specific approach and cross-sector support for such an approach.

In the Spotlight

Multicultural Autism Action Network

Multicultural Autism Action Network (MAAN) was created in 2016 to address Minnesota families' need for supports and services for children with disabilities. Through its work with multicultural communities, MAAN discovered that a key barrier to accessing disability services is lack of knowledge and sociocultural stigma about disabilities. MAAN addressed that barrier, using CSF, by helping multicultural families create short videos and podcast episodes in which they describe their journeys of parenting autistic children, including misconceptions and available supports, in their home languages. MAAN has also offered one-to-one support to families so that they have the socioemotional support and the information they need to become their children's best advocate. MAAN has forged numerous partnerships with community-rooted organizations, local agencies, and community leaders to raise disability awareness and find the best supports for the children and families MAAN serves. MAAN and its partners are promoting strength-based, culturally responsive narratives concerning disabilities and are reaching hundreds of families through CSF-sponsored **videos** and support sessions. Still, many multicultural families struggle to find accessible and affordable services for their children; doing so often requires families to navigate multiple uncoordinated systems (e.g., health care and schools). And as a MAAN leader noted, many of the services hinge on having a formal medical diagnosis, which many children do not have. To better serve children and leverage MAAN's promising work, it is necessary to continue taking a holistic, culturally specific approach and to increase coordination across the organizations and individuals involved in the development of children with disabilities, including health providers, school personnel, and relatives.

RECOMMENDATION 1: Support strategic partnerships for whole-person health

The state can propel whole-person health and bolster the CSF grantees' work by launching strategic communication campaigns and encouraging multi-sector partnerships. The state should continue publicly endorsing a whole-person health approach and spearhead communication efforts to create a shared understanding of this approach among all the key stakeholders, including families, educators, health care providers, and community members. The state could also promote multi-sector collaboration by organizing convenings that bring together traditional health care institutions, education institutions, community-based organizations, and local leaders. Together, they can determine how to best coordinate efforts and maximize resources in order to address the full spectrum of needs of local children and families and improve their well-being (e.g., avoiding duplicative and culturally insensitive screenings). The state could also provide financial incentives for multi-sector partnerships centered on whole-person health, which can address the SDOH for individuals and communities.[40]

[40] California's **Whole Person Care Program** is an example of a statewide whole-person health approach tailored to local needs. This program could provide some key insights for Minnesota's agencies (see Chuang et al. 2020; Crumley, 2021).

COMMUNITY-LED PROGRAMMING

What's working well in community-led programming?

CSF grantee organizations have effectively integrated local cultures and invited families to help develop and implement the initiatives. All CSF initiatives are grounded in cultures and preferences of the communities they serve. Grantees consider culture as a tool and a foundation for healthy child development. Many of their strategies and activities were suggested by local community members. And most of the grantee organizations have sought community input and feedback on the CSF-funded activities. For example, as described in the accompanying "In the Spotlight" textbox, PICA asks for feedback and input from program participants and the local community regarding the programs and services PICA provides. Based on the community's priorities and feedback, PICA designs programs and services to meet those needs. Similarly, Indigenous grantees are responding to their communities' desire to reconnect with their cultural heritage and, in doing so, improve their collective well-being. For example, Leech Lake Band of Ojibwe (LLBO) organizes "men's gatherings" (Gaa-zagaskwaajimekaag) and fire ceremonies, where men of all ages reclaim Anishinaabe beliefs and traditions from one another. The gatherings and ceremonies have helped participants shift their understanding of what it means to be a LLBO man and have improved men's engagement with their families and communities. This is one way grantees have demonstrated that the best approach to making communities stronger and healthier is through solutions rooted in local values, knowledge, and culture.

In the Spotlight

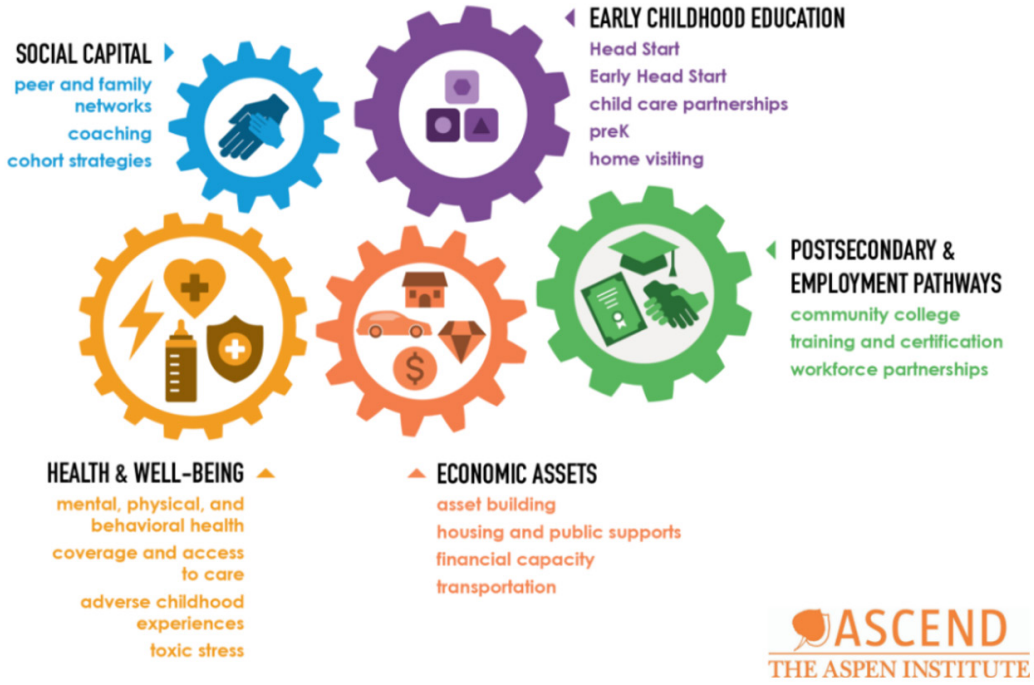
Parents in Community Action

A 2020 community needs assessment showed that father figures were missing from many of the families served by **Parents in Community Action Inc (PICA) Head Start**. To address that need, PICA created Men Are Important, a CSF-funded program that helps adult men be more engaged in their children's lives. PICA has monitored and improved the program's implementation by soliciting feedback from program participants and the community at large. According to feedback and survey results, the program is effectively meeting the initial community need, as it has helped father figures enhance their parenting skills, learn about health, and access resources and training to secure employment and increase their incomes, which could lead to better life conditions and health outcomes for their families.

Grantees have also affirmed cultures by bringing together elders, parents, and children and inviting them to share their knowledge. Five grantee organizations (Fond du Lac Tribal College [FDLCT], Korean Service Center [KSC], LLBO, NDCAD, and Wicoie) are using the CSF to offer multigenerational programming and build connections between elders, parents, and children. These programs are not exclusively child- or adult-focused, but rather offer opportunities for multiple generations to come together and address their collective assets and needs. This multigenerational approach is similar to and supportive of Minnesota's guiding principle of a whole-family approach.[41] As illustrated in Figures 6 and 7, the CSF multigenerational/whole-family approach helps create opportunities for both children and adults to improve their well-being by strengthening their self-concept and their cultural understanding.

Figure 6. Continuum of whole-family approaches

Figure 7. Core components of a whole-family approach



Sources. Women's Funding Network and Ascend at the Aspen Institute, "**What is whole family?**" (n.d). See also Ascend at the Aspen Institute (2016), **Two-generation playbook**.

[41] See Minnesota Department of Education (2020).

In the Spotlight

Fond du Lac Tribal College

Fond du Lac Tribal College developed **Gookonaanig Endaawaad**, a multigenerational, Ojibwe language and culture immersion program in Minnesota aimed at helping infants and toddlers, with their caregivers, learn Ojibwe from two Elder-first speakers and program staff. The program also offered traditional, multigenerational activities such as making bannock over a fire, making birch bark baskets, picking strawberries, listening to fire teachings, and making necklaces out of pine needles. Gookonaanig Endaawaad is benefiting multiple generations and the community as a whole.

Additional PDG B-5 funds provided through the Grow Your Own initiative are supporting two of the Ojibwe-speaking early childhood education students by paying tuition, fees, and other educational costs, as well as providing them with paid internships in Gookonaanig Endaawaad as they pursue their education.

Although formal evaluation results are yet to come,[42] preliminary data show that grantees are having a positive impact on the well-being of children, families, and communities. Grantees are serving large numbers of children and families from Indigenous communities and communities of color. Several organizations (e.g., La Red and NDCAD) reported an increase in the number of program participants, especially during virtual or hybrid events. For many families and community members, virtual events were more accessible than in-person events. For that reason, several grantee organizations are planning to continue hosting virtual or hybrid events and using technology to stay connected to local families.

What's still needed in community-led programming?

Community leaders and families want more opportunities to participate in policy-making. Several CSF grantee leaders shared that Indigenous communities and communities of color are seldom consulted in policy-making processes (at the local, state, and federal levels) and that many existing policies do not reflect their cultures. Instead, the policies are often developed by Whites/Caucasians with a "top-down" approach. The CSF grantee leads wished they and their communities could play a meaningful and frequent role in policy design and evaluation. They upheld that, when Indigenous people and people of color participate in policy-making and evaluation, the resulting policies are fairer and better for everyone. And some CSF grantee leads said that the Community Solutions Advisory Council could serve as a model for other grants or policy-making processes.

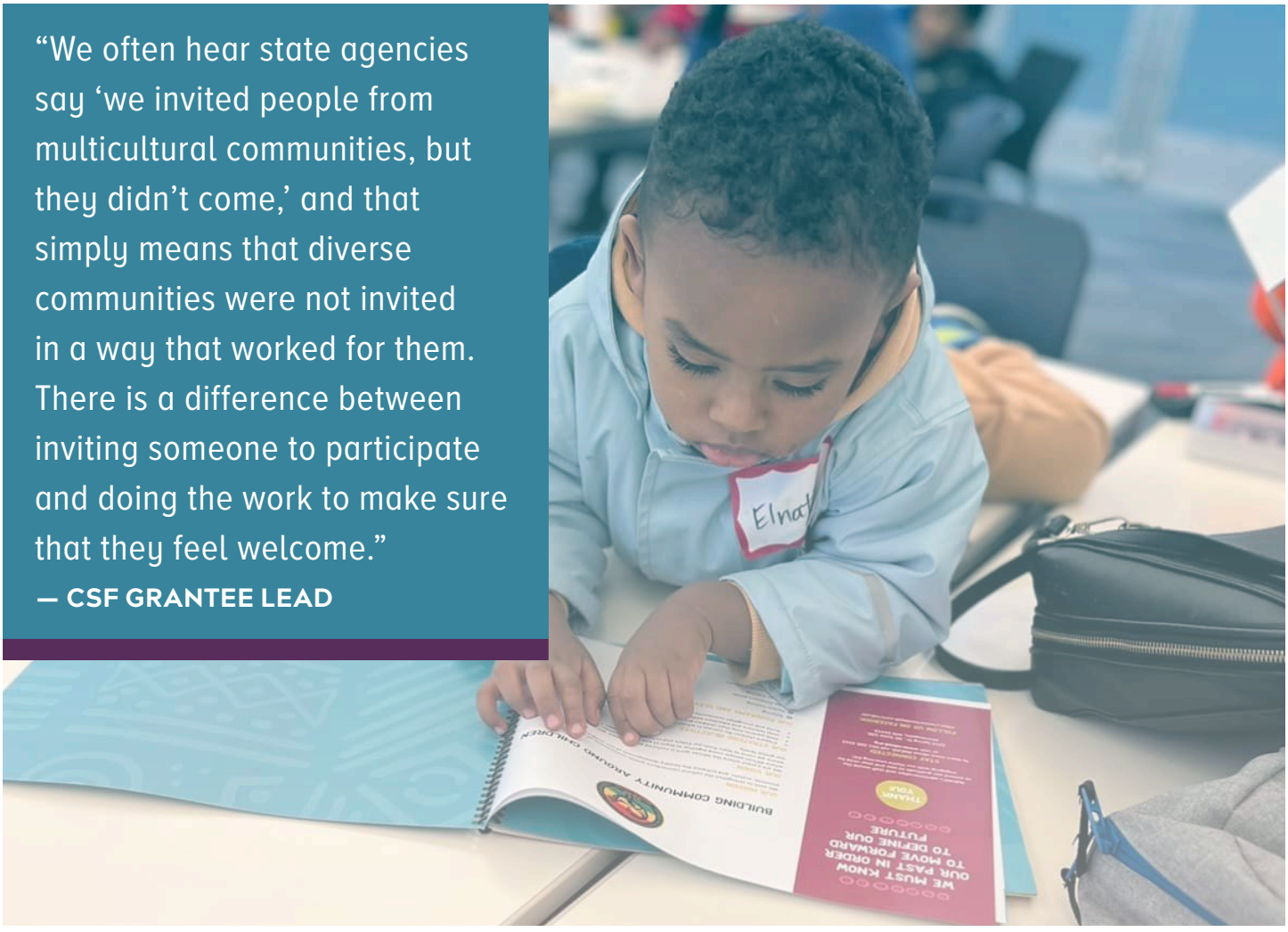
> "The kinds of supports we need moving forward truly are some of those continued systems changes that allow for our voice at the table, to respect our family, and to recognize that our children exist. And the best way to serve our Native children is to acknowledge who they are as Native children: we are here, have been here and will continue to be here. Let that story within them be respected and told."
>
> **— CSF GRANTEE LEAD**

[42] The Improve Group is still in the process of collecting data; evaluation results will be published early 2023. (2020).

Most communications from state agencies are not easily accessible to multilingual families and people with disabilities, and this lack of access hinders CSF grantees' progress. CSF grantee leads repeatedly said that, because state agencies, systems, and tools primarily use English, many multilingual communities struggle to access them. And, during the **Early Childhood Education Summit 2021** and the communities of practice, the leads shared that the Minnesota state agencies and systems did not seem to prioritize using the methods of communication that grantees' target communities preferred. For instance, the Disability Hub MN is a free statewide resource network that has great potential to assist the families and children with disabilities served by the CSF organizations; however, most of the **hub materials** are written in English, which makes them hard to use for multilingual speakers and people with language-related disabilities. Although the hub says it serves all languages, families who speak less common languages may not find language supports readily available. Many CSF-served families have reported that, in general, interpretation and translation services are scarce. The Minnesota Department of Education (MDE) and other state agencies are working with grantees to offer information in Spanish, Hmong, and Somali (especially regarding early childhood screening and transitions), but more investments and efforts are needed to make the information accessible in all the languages and platforms that CSF-served families use. Indeed, grantee staff suggested that applications for state grants could be more accessible if there were other communication modes beyond a written application in English.

"We often hear state agencies say 'we invited people from multicultural communities, but they didn't come,' and that simply means that diverse communities were not invited in a way that worked for them. There is a difference between inviting someone to participate and doing the work to make sure that they feel welcome."

— CSF GRANTEE LEAD



In the Spotlight

Comunidades Latinas Unidas En Servicio

With the CSF, **Comunidades Latinas Unidas En Servicio (CLUES)** supports Latine families in learning from one another and encourages them to design trainings that help others find and use early childhood programs. During the group learning sessions, local Latine parents shared that it was very difficult for them to navigate the U.S. school system and access early screenings because very little information was available in Spanish, their primary language. In response, CLUES partnered with MDE to produce a video in Spanish about successfully transitioning to kindergarten, "**Apoyando a nuestra niñez a tener una exitosa transición a kindergarten.**" CLUES also worked with Minneapolis Public Schools during the video production and dissemination. The video, along with CLUES training sessions, have increased participants' understanding of their role in supporting their children's development and community well-being. Eight of the participating parents have become local health promoters (promotores de salud), who lead communication strategies and events to share key messages about health and well-being with their communities.

RECOMMENDATION 2: Bolster community-led initiatives

The state can support community-led initiatives by adopting a community-centered approach to communication and offering additional leadership opportunities for community members. A community-centered approach to communication at the state level would mean prioritizing local communities' needs and preferences in communication and outreach efforts, rather than choosing what is most accessible to the state agencies.[43] This approach would also require state agencies to strengthen their internal infrastructure and their partnerships with local organizations in order to communicate effectively in a wider variety of languages, modalities, and platforms. As a blueprint for the community-centered approach to communication, the state could use the **COVID-19 Contracts for Diverse Media Messaging and Community Outreach**, through which MDH partnered with diverse locally trusted media vendors and community organizations so that communities of color and Indigenous communities had access to culturally relevant, linguistically appropriate, accurate, and timely messages related to COVID-19. Additionally, it would be highly beneficial to leverage community leaders' capacities and the grantees' knowledge by giving them meaningful opportunities to engage in advocacy and decision-making surrounding child and family well-being issues. As several participants suggested, the state and other grasstops organizations could use the work of Voices and Choices for Children and the CSF as a model for other community-led advocacy efforts and grant-making.

[43] See **Pittman Fields et al. (2022)** for ideas concerning the assessment of communication from an equity-oriented and community-rooted perspective.

TAILORED GRANT SUPPORTS & PROCESSES

What's working well with the grant supports and processes?

Racial equity, cultural responsiveness, and a commitment to centering communities have been prioritized in all stages of the CSF grant process. As mentioned in the introduction, the CSF was designed to reduce racial disparities in children's health and development and to promote racial and geographic equity.[44] The legislation that established the CSF required the creation of a Community Solutions Advisory Council, which reflected the diversity of Minnesota's population by including representatives of the Indigenous, Latine, African heritage, and Asian and Pacific Islander communities as well as a researcher, an advocate, and parents of young children of color (9 years old or younger). The council co-created a request for proposals with MDH's Center for Health Equity (CHE) staff. The council reviewed the 46 received proposals through an asset-based lens and were guided by values of equity, accountability, and respect. The council scored each proposal along 33 criteria, prioritizing proposals that were submitted by organizations *led* by people of color and/or Indigenous people, centered on children prenatal–grade 3, and clearly focused on promoting racial equity and addressing SDOH. The council also considered the proposals' total score, organizational size, and targeted communities. The resulting grant application and selection process resonated with grantees and was not burdensome. Grantee staff members commented at the Early Childhood Education Summit 2021 that the initial CSF application process was "great" and "simple," because it required them to answer only a few "well-thought questions" without asking them to submit unnecessary documentation. The council also advocated for disbursing the funds equitably, using an asset-based model. As these examples

Textbox 3.

Funds requested:

- Forty-six CSF proposals were received in 2020.
- Total funds of $11,590,981 were requested across all the CSF proposals.

Funds awarded:

- Twenty-three proposals were funded.
- Each CSF grantee was awarded between $25,000 and $86,226 per year.
- CSF awarded a total of $1,750,000 per year ($750,000 comes from CSF and the rest comes from PDG B-5).
- In total, $5,250,000 will be awarded over 3 years.

[44] See Minnesota Legislature (2019).ity-rooted perspective.

show, the council has played a key role in developing culturally appropriate and equitable grant practices. And the CSF has demonstrated that lowering grant access barriers and prioritizing historically marginalized communities increases access and quality for everyone. In addition, the council and MDH ensured that CSF grantee organizations had access to equity-centered training and technical assistance (from Wilder Research, which was also conducting an Indigenous-focused evaluation; SRC; and MDH's CHE—see Table 2). These trainings prompted grantees to examine and modify their programs so that more equitable and inclusive practices were in place. Many CSF grantee leads and staff said they appreciated having thought partnership from MDH, SRC, and Wilder Research.

> "[SRC evaluation training] was a great opportunity to reflect on what knowledge we currently have regarding evaluating our program with our families for language growth but also to see if we are serving their needs and being supportive. It was also informative to hear we are not alone with our barriers/struggles especially regarding the pandemic. We will be focusing on strategic planning and sustainability so reflecting our evaluation practices to see if we are really meeting our communities needs as well as being inclusive. This will be a great resource as we work on our strategic plan for sustainability of our program."
>
> **— CSF GRANTEE LEAD**

Table 2. Supports offered to CSF grantees

Who offered supports?	What supports or activities did they offer to CSF grantees?
MDH/CHE: grant administrators	• virtual meetings with each grantee organization every 6 months to check on their progress, successes, and challenges • ongoing two-way communication via email, phone, and/or video call • on-demand, individual evaluation support / technical assistance for evaluation design, Indigenous evaluation approaches, grant management, and reporting • events and online platforms (e.g., Slack chat group) for CSF grantees to communicate with one another • two yearly grantee gatherings (e.g., Meet and Greet) • monthly optional office hours starting in Year 3 of the grant program
SRC: technical assistance (TA) and reporting	• one training on equity-oriented evaluation • one training on storytelling for sustainability • two cycles of individual TA, focused on evaluation and storytelling • one workshop (co-facilitated with Child Trends) during the Early Childhood Education Summit 2021
Wilder Research and Bowman Performance Consulting: Indigenous evaluator for PDG B-5	• listening sessions with Indigenous organizations to co-design an Indigenous evaluation plan for PDG B-5 initiatives • Indigenous data collection tools (e.g., Grandma Test and Storybank) • community events intercept surveys in coordination with MAICC, DIW, and Anishinabe Academy • seventeen interviews with Indigenous and state leaders to gauge priorities and needs More information on Indigenous evaluation is available in the **Indigenous Evaluation 101 Guidebook**.
Improve Group and Child Trends: overall evaluator for PDG B-5	• focus groups and interviews with grantees and subgrantees of CSF and Local Community Resource Hubs • workshops and interviews with project leads • interviews with agency leads and PDG B-5 agency staff partners • family focus groups (in English, Spanish, Hmong, Somali, and Amharic) • one workshop (co-facilitated with SRC) during the Early Childhood Education Summit 2021

The CSF has supported grantees in developing and using culturally responsive and community-specific approaches to evaluation. The Community Solutions Advisory Council and MDH staff considered it important to allow grantee organizations to self-define success and use evaluation methods that were culturally relevant. In the words of an MDH grant manager, "we [in the CSF] have been more open in our evaluation, telling grantees to define success in a way that makes sense to them. And then really saying that, you know, qualitative data is really important and you can tell your stories in that way too." In response, the grantee organizations have defined and gauged their program success broadly and emphasized families' experiences. For instance, one grantee organization measured success based on "the progress we're making one family at a time, building connections, and hearing their stories." With support from Wilder Research and Bowman Performance Consulting, several Indigenous grantees drew on Indigenous concepts and traditions to explain their theory of change, co-create evaluation tools, and assess their impact (for an example, see the accompanying "In the Spotlight" textbox). And several grantee organizations created new culturally specific data collection tools and methods because the ones commonly used in large-scale evaluation projects did not resonate well with the people these organizations served. In many instances, grantee staff shared that the impact of their work could be better captured through qualitative methods and storytelling than through quantitative methods. However, some CSF grantee leads and MDH grant managers acknowledged that creating new data collection tools and analyzing qualitative data took time and knowledge they did not initially have.

> "We run into some of those same challenges with evaluation that we did with our storytelling that, you know, much of it really focuses on a very white-centric way of being, of communicating, of filling out surveys and taking evaluations. And, in many ways, it just doesn't really lend itself to hearing the stories from the parents that we were serving. So [the challenges] really encouraged us to think creatively about what are all the wonderful tools that already exist? How are people sharing information in this community already? . . . It just really encourages us to think creatively and look at, you know, all the great work that's already happening in the community. And how can we use what's already there?"
>
> **— CSF GRANTEE LEADER**

The state has used CSF tools and learnings to inform other state grant-making efforts and advance equitable practices. State leaders drew on what was learned and developed through the CSF—along with other state grants (e.g., **Local Community Resource Hubs** and **Whole Family Systems**)—to advocate for foregrounding equity in all state grants and for adjusting grant-making practices to be more equitable. Because CSF grantees have demonstrated that community-driven evaluation leads to more innovation and precision, several state leaders reported that they plan to continue supporting this evaluation approach through the CSF and other grants. This course of action, as discussed later, would be beneficial for many state grantees and the people they serve.

In the Spotlight

Montessori American Indian Childcare Center

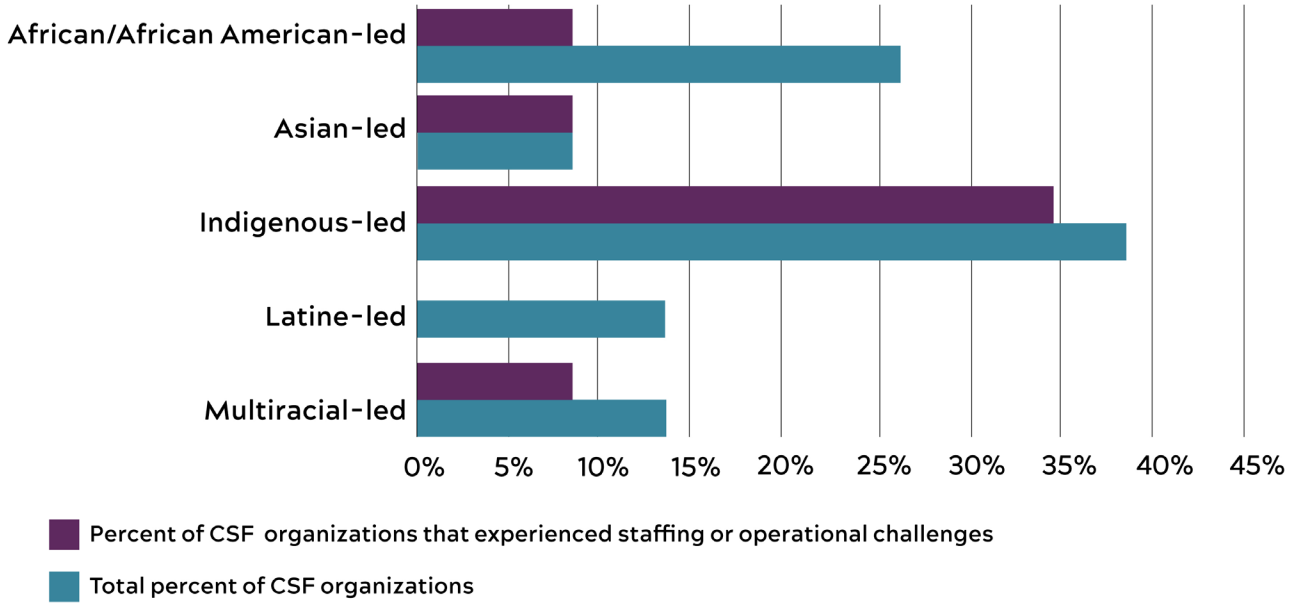
The **Montessori American Indian Childcare Center (MAICC)** is one of the few centers that provides Indigenous childcare services in the Saint Paul metro area. With the CSF, MAICC was able to offer culturally responsive education for the whole family, including a home visiting program for expecting families and workshops on Indigenous Montessori education for families with children ages 0 to 3. MAICC initially planned to conduct its activities in person and for larger groups, but had to switch to virtual platforms and smaller groups due to the social distancing restrictions of the COVID-19 pandemic. These changes allowed MAICC to reach families across Minnesota and to build closer connections with the served families. Besides addressing families' need for social connection, MAICC provided some of them with learning materials and financial supports to cover the cost of childcare, food, and rent. To envision and assess its work, MAICC used an Indigenous lens. For example, MAICC used a dreamcatcher to represent its evaluation approach, showing that child well-being was tied to and consisted of cultural/spiritual, social-emotional, physical, and intellectual elements. MAICC also partnered with Wilder Research and Bowman Performance Consulting to co-create Indigenous evaluation tools and gather data from local families to evaluate PDG B-5 efforts. MAICC's Indigenous approach, therefore, was not only welcomed by but also leveraged through the CSF.

What's still needed in terms of grant supports and processes?

Infrastructure building is needed across CSF-funded organizations, especially those led by Indigenous people or not previously funded by the state. Many grantee organizations faced staff shortages and high rates of staff turnover, especially at the peak of the pandemic. The staff shortages often meant that there were few people for numerous tasks and activities. Program evaluation was particularly challenging for several grantees, who shared that they did not have the staff capacity or knowledge to analyze data in order to determine the impact of their CSF-funded activities and programs. The limited staff capacity and time sometimes prevented organizations from taking full advantage of the supports offered by MDH/CHE, Wilder Research, and SRC. For example, because of staff shortages and competing priorities, relatively few grantee organizations used the Slack chat group or signed up for technical assistance sessions. Still, grantee staff said they would like to continue having opportunities to collaborate with MDH and external trainers. They also shared that they would be more likely to use those opportunities if they had additional staff members dedicated to CSF-supported programs. Our analysis showed that Indigenous- and Asian-led organizations reported operational and staffing challenges at higher rates than organizations led by other racial/ethnic groups (see Figure 8). Indigenous organizations said their staff shortages were mainly due to high rates of COVID-19 infection and lack of funding, especially for their general operations. And while many CSF grantees struggled to fully understand grant requirements and allowances (especially in Year 1 of the grant), Indigenous-led organizations were the most likely to face bureaucratic challenges (e.g., competing requirements from federal and state grants) and to lack sufficient personnel to deal with grant requirements and paperwork. Similarly, the two CSF-funded, Asian-led organizations struggled to find people who had certain technical skills (e.g., website design), particularly without the means to pay a competitive wage for these services. CSF management was particularly difficult for organizations that had not been previously funded by the state, as they were not familiar with the state-level processes and requirements. In contrast, organizations with multiple state and private grants struggled to meet all contract agreements and grant reports. While grantee organizations showed resilience and resourcefulness as they navigated grant-related challenges, they needed additional support structures.

> "Definitely opportunities to have times for grantees to meet together to share and learn about each other's different challenges. At the same time though I know how Indigenous organizations work, and there's just so much to do. Whether it's goals, objectives, reporting, or implementing the program, we are all just so busy all the time. So, maybe providing an opportunity but not a requirement. We just don't have many people and everyone wears so many hats."
>
> **— CSF GRANTEE LEAD** (cited in Wilder Research, 2022, p. 4)

Figure 8. Operational and staffing challenges



Grantees need more targeted support from the state for sustainability. Many grantee staff members remarked that they needed additional time and funds to see the full results of their initiatives. Because the legislative funding was limited to a 3-year period, grantees were worried that they would not be able to see their initiative come to full fruition. They shared that, without the CSF, their initiative would be hard to maintain, and the progress they have made could be stalled. CSF grantee leaders shared that limited, short-term funding could lead to failed or canceled programming, which in turn could fuel community members' distrust in the state. Having the legislation and funds limited to only one 3-year grant could, therefore, be harmful to the grantee organizations and the communities they serve. Grantee leaders asserted that it would be much better to have long-term investments in CSF so that grantee organizations would have more time to fine-tune their initiatives, evaluate outcomes, develop partnerships, and diversify funding streams—all of which would increase

sustainability and impact. A longer funding cycle, grantee leaders said, would also reduce the number of grant application and review cycles, which would help reduce operational burdens for both grantee organizations and state staff. In addition, several CSF grantee leads said they want the state to create additional opportunities for them to connect with and learn from their fellow grantees. Although a handful of events (e.g., Early Childhood Education Summit; grantee gatherings; SRC training sessions and communities of practice) brought state grantees together, several CSF grantee staff members said they wished to have additional opportunities to collaborate and learn from other grantees in order to increase their impact, reach, and sustainability. For instance, CSF grantee staff shared that they would like to work more often and closely with the **Local Community Resource Hubs**, which are community-based partnerships, funded by PDG B-5, that implement programs and systems of navigation based on interpersonal relationships and attuned to local cultures, in order to increase families' access to services. Some CSF grantees were able to interact with Hubs grantees during state-sponsored events but wanted to have more concrete paths for collaboration and partnership. The CSF grantee leaders also desired to have better documentation or understanding of their fellow grantees' strategies and impact. They would like the state to share back the lessons learned from the CSF and similar grants.

> "This kind of program requires a healthy start from the very beginning, and we are concerned that we will not receive enough funding to carry out this type of program in its entirety."
>
> **— CSF GRANTEE LEADER**

In the Spotlight

Hmong Early Childhood Coalition

Unlike most CSF grantees, **Hmong Early Childhood Coalition (HECC)** is not a formal organization. Rather, HECC is a group of passionate advocates who have been working (mostly on a voluntary basis) since 2006 to improve education and care for Hmong children. The CSF has allowed HECC to offer opportunities for the Hmong community to come together and participate in culturally specific trainings related to early childhood development and well-being. As an HECC member explains, "we've been able to incorporate our culture into our trainings, making sure that our examples are very culturally focused and the way that we speak is very culturally focused. The curriculum that we are creating is culturally focused as well." HECC has overcome operational challenges (e.g., staff shortages) by drawing on the assets and willingness of the local community, whose members often "step up" to ensure that Hmong children, families, and care providers have what they need. With the CSF, HECC is creating a network of family, friend, and neighbor (FFN) caregivers, who receive training, coaching, and materials to help them enhance their involvement in Hmong children's lives. HECC members are committed to continue educating and advocating for the Hmong community and wish to expand their programming and partnerships to include in-home services for families and mental health education.

MDH, especially during the pandemic, did not always have full capacity to support grantees and offer better coordination with other grant-makers. Although MDH staff offered on-demand technical assistance (TA), they recognized that many grantee organizations (especially those that had been recently established or that had higher turnover rates) needed additional TA or guidance. MDH staff wanted to have more touchpoints and feedback loops with grantees but could not always do so because the key staff members in charge of supporting the 23 CSF grantees organizations were also reassigned to COVID-19 response roles. Moreover, MDH staff faced important barriers to the equitable and flexible administration of the CSF. On one hand, the CSF was appropriated in such a way that the funds could not always be rolled over from one year to the next, which put some CSF grantees at risk of losing funds and pushed some CSF organizations to rush to spend the funds, sometimes in unexpected ways. Spending the funds in one year was particularly difficult during the pandemic, when grantees could not execute all their planned activities and had to adapt their programs significantly. On the other hand, CSF grantee organizations could not receive advance payments for their services, because state agencies have a reimbursement model for their grant programs. The reimbursement model was particularly challenging for CSF grantees that did not have a great deal of funding at the beginning of the grant. MDH staff, PDG B-5 staff, and external advocates have tried to address this barrier internally but, due to established grant policies, they have not been able to change it yet. MDH staff are also considering ways to align grant applications and requirements with other state agencies and private funders in order to reduce grantees' administrative burdens, but they acknowledge that the alignment is difficult due to discrepancies in policies and practices.

> "The [CSF] implementation has been hard. I think the grant agreements and contract agreements can be tough. We have some grantees who are funded by all the state agencies and by some private funders, and they have to do a lot of reporting . . . We try to do some alignment and are thinking of ways where grantees don't have to apply for so many different sources of funding where on our end we can coordinate with funders and maybe put out one request. I think it has been hard because agreements between different agencies are tricky. But making that administratively easier would be less burdensome on grantees."
>
> **— MDH STAFF MEMBER**

One of the Community Solutions Advisory Council's priorities is addressing system-level changes in making equitable grants and contracts. The council has identified system gaps and barriers to equitable grants and contracts, many of which were described earlier. The council is drafting recommendations for MDH that address these barriers. Next, we present ideas for improving grant supports and processes.

RECOMMENDATION 3: Streamline grant processes to facilitate grantees' work and sustainability

Ongoing funding for CSF needs to be secured in order to ensure that community solutions can fully bear fruit. As noted earlier, the CSF has funds for only one grantee cohort, and the continuation of CSF beyond this grant period remains uncertain. Given the promising results of the CSF, it is recommended that the CSF be expanded to other organizations and beyond a 3-year funding period. Future iterations of the grant should continue prioritizing initiatives that build on community strengths, leverage existing community partnerships, incorporate trusted anchor institutions, and reinforce community and cultural values.

It would also be beneficial to replicate the braided funding model used by CSF and develop additional interagency agreements. From a systems perspective, it is inefficient to have multiple overlapping yet siloed grant programs. Instead, as the CSF illustrates, it is better for grant applicants and grant managers when there is one grant program that brings together several agencies and funding streams, as this increases the pool of funds, fosters multi-sector coordination, and reduces administrative burdens. Therefore, the model of braiding state and federal funds should be maintained in the CSF and replicated in other state grant programs. It would be beneficial to create agreements not only between public state and federal agencies but also with private funders. As Emarita (2021) suggested, CSF could serve as an example of how public agencies, foundations, and community-based organizations can intentionally work together to amplify community wisdom and local innovation (see Figure 9). It is particularly important that community-based organizations, especially Indigenous organizations, are compensated for all their contributions and receive support to develop the operational infrastructures needed to implement effective community solutions and handle administrative processes.

To facilitate the work of current and future CSF grantees, it is important to change the policies that inhibit equitable grant-making and advocate for supporting communities' participation in grant processes. As described in the findings, some state policies and practices (e.g., reimbursement) hinder equitable and flexible grant-making, and there are not sufficient administrative resources to provide grantees with the intensive, tailored supports that they may need. To address these challenges, the state could strengthen infrastructures and grant managers' capacity to administer the grant and offer an appropriate level of support to grantees, recognizing that community-centered approaches to evaluation and technical assistance are critical to the success of the CSF. Given the outstanding contributions of the Community Solutions Advisory Council and community advocates, it would also be important to continue including community members in decision-making concerning grant implementation, monitoring, and assessment. Similar advisory councils or task forces—composed of diverse community members who have the power to co-develop funding strategies—should be included with public and private grants. Community members' participation in grant design and monitoring processes could be incentivized by compensating them fairly for their contributions and offering meaningful leadership opportunities.

Figure 9. Key players in CSF sustainability

Source. Emarita (2021, p. 6).

LOOKING AHEAD

Our study uncovered key assets and needs that, if leveraged, could increase the impact of the CSF and grantees' work. Our recommendations could help advocates, grantees, and state leaders enhance the grant conditions and, in doing so, promote healthy development for all children in Minnesota.

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APPENDICES

APPENDIX A.
COMMUNITY SOLUTIONS GRANTEES BY PROJECT AND SERVED

Note. The information included in Appendix A was collected from CSF grantee proposals and reports.

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
African Community Services	Developing and implementing strategies to overcome cultural stigma around early screening for autism	Somali	Twin Cities metro area	St. Mary's School of Public Health; Blue Cross Blue Shield; Multicultural Autism Action Network (CSF grantee); Institute on Community Integration; Minnesota Center for African People with Disabilities (MNCAPD); Abubakar Al-Sadique Islamic Center; Islamic Association of North America; Somali Snaps	Health care access and quality
Centro Tyrone Guzman	Developing and piloting a culturally affirming, Montessori-based home visiting program for Latinx parents	Latine	Hennepin County	Sheltering Arms Foundation; Mardag Foundation; Greater Twin Cities United Way; City of Minneapolis for Asthma; Hennepin County for Lead Reduction; Mary O. Hearst	Community development and family empowerment
Children's Dental Services	Offering dental education and treatment as well as opioid prevention education and neonatal abstinence syndrome prevention education	Indigenous, Latine, Somali, Somali, Hmong, Karen	Aitkin, Anoka, Becker, Carver, Clearwater, Dakota, Hennepin, Hubbard,	Paladin Career and Technical High School in Anoka County, Tri-Valley Head Start in Rogers, Minnesota, Lutheran Church of Master in Brooklyn Center, South Lake Pediatrics in Carver County, Smile Orthodontics in Washington County, and Holy Family Catholic Church and Assembly of God Church in Aitkin County	Health care access and quality

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
Comunidades Latinas Unidas En Servicio (CLUES)	Providing Latine families with culturally responsive training around parenting, family health, and early childhood education	Latine	Ramsey and Hennepin Counties	Saint Paul Public Libraries, Esperanza United, Prodeo Academy, ECFE, Minneapolis Public Schools, Aquí Para Ti	Community development and family empowerment
Division of Indian Work	Increasing staff and capacity for the Ninde Coalition of Doulas, who are supporting Indian women and other women of color through pregnancy, labor, and postpartum	Indigenous	Hennepin County	Indian Health Board (IHB), Native American Community Clinic (NACC), Minneapolis American Indian Center (MAIC), White Earth MOMS program, Minnesota Indian Women's Resource Center (MIWRC), American Indian Family Center, Hennepin County MVNA Home Visitors, Family Spirit, Women of Traditional Birthing, Parenting Capacity Services, Parenting Support Outreach Program (PSOP), Strong Families Casey Program, Nitamising Gimashkikinaan, Way to Grow, Minnesota Breastfeeding Coalition, Health Partners, UCare, Blue Cross Blue Shield, United Healthcare, Hennepin Health, Wilder Research, Ramsey County Birth Equity Community, Everyday Miracles	Health care access and quality
Fond du Lac Band of Lake Superior Chippewa	Offering maternal and child health services, including doula services, to American Indian women and children	Indigenous	Carlton and southern St. Louis Counties	Human Services Division	Health care access and quality

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
Fond du Lac Tribal College	Developing an Ojibwe Language immersion program, led by two Elder-first speakers and language program staff, for children prenatal–age 3	Indigenous	Carlton, Pine, Mille Lacs, Aitkin, St. Louis, and Itasca Counties	DHS Whole Family System; Seven Generations Education Institute (Fort Frances, Ontario)	Community development and family empowerment
Hallie Q. Brown Community Center	Opening a classroom for older infants (approximately 2 years old) and providing a community resource navigator to help families access resources and address the challenges they are facing	African American (primarily) but also African, Indigenous, Asian, Latine, white, and multiracial families	Twin Cities metro and greater metro	Saint Paul Public Schools	Early childhood access and quality
Hmong Early Childhood Coalition	Creating a learning community focused on the education, health, and well-being of the Hmong community; offering training and support groups for caregivers and childcare providers	Hmong	Twin Cities metro and greater metro	Asian Media Access; University of Minnesota Extension; Hope Academy, Ramsey County Special Supplemental Nutrition Program for Women, Infants, and Children	Community development and family empowerment
Indigenous Visioning	Developing the Native American Parent Leadership Training Institute and a curriculum for Indigenous parents and primary guardians to strengthen their leadership skills and learn about child development	Indigenous	The White Earth Reservation and the Red Lake Nation	White Earth Reservation, White Earth Tribal Community College, White Earth Project Launch, National Parent Leadership Institute, Red Lake Nation, Northwest Foundation, Dr. Anton Treuer	Community development and family empowerment

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
Korean Service Center (KSC)	Creating a hub where Korean caregivers can be connected to services and exchange resources related to health care and parenting; offering early childhood education training sessions to Korean parents and caregivers	Korean	Twin Cities metro		Community development and family empowerment
La Red Latina de Educación Temprana	Offering training to Latinx family-friend-and- neighbor childcare providers and developing a model for community-led FFN childcare provider networks	Latine	Hennepin County (mainly Richfield and Bloomington)	Partnership Academy, St. Mary's Clinics, Bloomington Public Health Center, HomeGrown	Early childhood access and quality
Leech Lake Band of Ojibwe	Training members of the Leech Lake Band of Ojibwe and the surrounding community to become health educators who implement the Family Spirit Home Visiting Program in order to improve the health and cultural knowledge of local families	Indigenous	Leech Lake Reservation and the surrounding 25-mile radius, including Beltrami, Cass, Hubbard and Itasca Counties		Community development and family empowerment
Minnesota CarePartner (MNCP)	Providing culturally responsive, trauma-informed services within the community by people from the community; offering transportation support for out-of-home appointments	African, African American, Indigenous, Asian and Pacific Islander	Twin Cities metro	Marnita's Table, Chocolate Milk Club, Language Banc, Project for Pride in Living, Child Protection Case Managers, PSOP Case Managers, Children's Mental Health, MVNA, Chocolate Milk Club, Ahava Birthworks, Roots Community Birth Center, Mother Baby Program	Health care access and quality

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
Montessori American Indian Childcare Center (MAICC)	Organizing Talking Circles to identify current needs and future services to improve the health and well-being of Indian children and parents; developing and piloting a home visiting program that improves Indian families' health and well-being	Indigenous	Ramsey County (mainly Saint Paul)		Community development and family empowerment
Multicultural Autism Action Network (MAAN)	Creating a short video and podcast that advances understanding of disability systems in multicultural communities; engaging and training families on charting life course	Somali and Oromo (primarily), but also serve African American, Hmong, Latine, Indigenous, and white families	Hennepin, Ramsey, Dakota, and Anoka Counties	The Arc of Minnesota, the Minnesota Disability Law Center, Vidguru, African Community Services (CSF grantee)	Health care access and quality
Network for the Development of Children of African Descent (NDCAD)	Expanding existing culturally specific, two-generation (children and caregivers) literacy programs	African and African American	Hennepin and Ramsey Counties	Saint Paul Public Library System, 3M Foundation, MN Historical Society, and the Greater Twin Cities United Way	Community development and family empowerment
Northwest Indian Community Development Center (NWICDC)	Adopting a holistic, multigenerational Anishinaabe Care Coordination model that aims to address the many intersecting health determinants for Anishinaabe children and families	Indigenous	Beltrami County and surrounding 60-mile radius		Community development and family empowerment
Parents in Community Action (PICA)	Providing low-income fathers and male figures with parent training programs and workforce development opportunities so that they have a positive impact on their children's lives, achieve economic self-sufficiency, and help reduce family stress	African, African American, Indigenous Asian and Pacific Islander, Latine, White, Multiracial	Hennepin County	Northpoint Health and Wellness, Goodwill-Easter Seals FATHER Project, Hue-MAN Partnership Project, Twin Cities RISE, Takoda (career pathways division of American Indian OIC), Children's Theatre Company	Community development and family empowerment

Grantee name	Use of the grant funds	Focal racial or ethnic groups	Localities served	Partners	Program focus area
Red Lake Comprehensive Health Services	Developing culturally healthy Early Childhood Indicators of Progress (ECIPs) and a Training Academy for teachers and early childhood providers to create learning experiences that emphasize the language, culture, and history of the Red Lake Nation	Indigenous	Red Lake Nation		Early childhood access and quality
Roots Community Birth Center	Identifying measurable characteristics of a successful culturally congruent practice, helping deliver care in a community setting, and improving the health experiences of participant families	African American, African	Twin Cities (mainly Hennepin County)		Health care access and quality
Tserha Aryam Kidist Selassie Church (TAKS)	Expanding three church-based initiatives: (1) Faith Community Health Program—services include home visits and holistic health screening for families and children; (2) early childhood development programs and school readiness; and (3) Connected Healthy Community—improves equal access to resources and fun activities	African (mainly Ethiopian) and African American	Hennepin and Ramsey Counties	Access Medical Clinic; Minneapolis Public Schools Early Childhood Services (ECFE, ECS, ECSE); Interfaith Health Collaborative Leadership Council	Health care access and quality
Wicoie Nandagikendan	Serving Indigenous foods in schools and child care centers	Indigenous	Hennepin County (mainly	TRIO, Dream of Wild Health, the Indigenous Food Network, Little Earth of United Tribes youth group and garden, and local parks	Health care access and quality

APPENDIX B.
GLOSSARY

Black includes all people from African descent, including African immigrant and refugee communities.

Community is used to denote both the people living in a place and the place itself.

Community-based solution to promote health equity is an "action, policy, program, or law that is driven by the community (members), and that affects local factors that can influence health and has the potential to advance progress toward health equity" (NASEM, 2017, xxiii)

Early childhood education and care system refers to the comprehensive B-5 system that serves children and their families, including child care, housing, physical health, mental health, transportation, and so on.

Health disparity or health inequity is the difference in health status between more and less socially and economically advantaged groups, caused by systemic differences in social conditions and processes that effectively determine health. Health inequities are avoidable and unjust, and are therefore actionable (Minnesota Department of Health, 2017).

Health equity is the goal and process of ensuring that everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance (Minnesota Department of Health, 2017).

Indigenous is an overarching term used to describe populations in colonized places; it includes American Indians, Alaska Natives, Native Americans, Hawaiians, and Pacific Islanders.

Latine is used to describe any person of Latin American descent. We use this term, rather than the gendered "Latino/Latina," to be inclusive of nonbinary, agender, queer, or gender-fluid people.

Targeted universalism is a policy framework whereby policies and programs are designed so that everyone can achieve a common policy goal through targeted, group-based strategies (Powell et al., 2019).


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