



THE MINNESOTA
COMMUNITY
SOLUTIONS FUND
FOR HEALTHY CHILD
DEVELOPMENT

A NEW TOOL FOR

EQUITY

Betty Emarita
Development & Training, Inc.

SPONSORED BY
Voices & Choices for Children
Start Early Funders Coalition
Minnesota Department of Health/
Center for Health Equity

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Preschool Development Grant Team and BUILD

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Voices and Choices for Children Coalition

The Community Solutions Fund for Healthy Child Development

was designed to address the large and persistent disparities—among the worst in the nation—for children of color, American Indian children, and their families. The Community Solutions Fund (CSF), as it is now known, puts Minnesota at the forefront of a bold new approach that will counter these disparities, as well as mitigate compounding effects from the ongoing COVID-19 pandemic. With a commitment to learning, clarity, courage, imagination, and persistence, the CSF can shift the current reality.

The CSF supports community-generated solutions that improve the well-being of young children and their families, with particular emphasis on children prenatal to age three.

The creation of the CSF was among the first recommendations made by Voices & Choices for Children, a statewide advocacy organization for Black, Indigenous, and people of color (BIPOC). Governed by a steering committee reflecting the geographic and ethnic diversity of the state's BIPOC communities, Voices & Choices for Children was founded by Lt. Governor Peggy Flanagan, at that time the executive director of the Children's Defense Fund of Minnesota, and St. Paul Mayor Melvin Carter, then director of the Governor's Children's Cabinet.

*CSF puts
Minnesota at
the forefront
of a bold new
approach*

In 2015, with the support of **Start Early Funders Coalition** and the **Saint Paul & Minnesota Foundation**, *Voices & Choices for Children* released a report,

Recommendations for the Wellbeing of Families of Color and American Indian Families in Minnesota.

The report reviewed recommendations from effective programs with positive outcomes for families in African American, Asian Pacific, Latino, and American Indian communities.

The programs spanned a 20-year period. **Despite their effectiveness, however, few if any of the recommendations had been institutionalized** by the state's public sector. There was, it seemed, a disconnect between successful, community-based strategies and the capacity of public agencies to recognize and build upon them.

It was an unfathomable waste of time, money, and expertise.

Voices & Choices for Children and the report were both created from funding by **Start Early Funders Coalition**, the **Saint Paul & Minnesota Foundation**, and **Blue Cross and Blue Shield Foundation**. Each funder was committed to centering the voices of people who were closest to the issues at hand—local voices of people of color and American Indians.

Start Early Funders Coalition for Children & Minnesota's Future

We advance public policy and community support for affordable, accessible, high-quality care and education in Minnesota, ensuring that all children have strong and healthy starts, preparing them to contribute to our state's vitality.



Saint Paul & Minnesota Foundation

We inspire generosity, advocate for equity, and invest in community-led solutions, advancing a just and vibrant Minnesota where all communities and people thrive.



Blue Cross and Blue Shield of Minnesota Foundation

We focus on key drivers of health. Research on the social determinants of health is the bedrock of our work, and strategic planning helps us identify focus areas where our grant-making will have the greatest impact.



An Important Trilogy

The CSF is a potent example of a productive outcome when state agencies, foundations, and community-based nonprofits—the voices of their communities—work together with intention. Each has a critical role.



The CSF, the MN Department of Health, and the Center for Health Equity

The CSF is housed within the MN Department of Health (MDH), and staffed by the Center for Health Equity (CHE). It is a good match. MDH and CHE both take a holistic approach to health, and over the last several years have been striving to improve their ability to work more synergistically and effectively with communities. In their [2020 EHDI Ecosystem Report](#), they highlight the need for a broad spectrum of public investments in housing, transportation, education, economic opportunity, and criminal justice.

The CSF similarly takes a holistic view of reducing racial disparities by concentrating on early learning, health, well-being, economic security, and safe, stable, nurturing relationships and environments. Funding is directed to community-based solutions for challenges that are identified by the communities themselves.

They recognize health equity as a human right

They listen deeply

They foster trust and belonging

They honor cultural knowledge and wisdom

Minnesota must address health disparities as part of a broad spectrum of public investments in housing, transportation, education, economic opportunity, and criminal justice.

MN DEPT OF HEALTH

Our values include honoring cultural knowledge and wisdom, fostering trust and belonging, listening deeply, and recognizing health equity as a human right. Our work is guided by a set of approaches that include racial equity, resilience, intersectionality, network leadership, community-driven data and decisions, and systems that heal rather than harm.

CENTER FOR HEALTH EQUITY

The purposes of the Community Solutions grant program are to improve child development outcomes and well-being for children of color and American Indian children from prenatal to grade 3, as well as their families. It promotes racial and geographic equity through early learning; health and well-being; economic security; and safe, stable, nurturing relationships and environments.

COMMUNITY SOLUTIONS FUND

Minnesota Investments in the Well-Being of BIPOC Families

Holistic efforts to improve the well-being of BIPOC families have been generously supported over the past eight years by three federal grants, totaling over **\$76.2 million**.

The **Race to the Top grant** (2012-2015), the **Preschool Development Planning Grant** (2018-2019), and the **Preschool Development Renewal Grant** (2019-2023) all required cross-agency cooperation between the Minnesota Departments of Education, Human Services, and Health. Alignment and communication across these agencies have significantly improved as people have developed stronger relationships and planned together to achieve common goals. However, positive impacts on BIPOC families and communities still lag far behind.

TOTAL GRANTS:

\$76.2 million

LOW BIRTH-WEIGHTS (2019)

AMERICAN INDIAN: **9.4%**

ASIAN: **8.3%**

AFRICAN AMERICAN: **10.7%**

LATINO*: **7.1%** *Racial differences disregarded

NON-HISPANIC WHITE: **5.8%**

2018 INFANT MORTALITY RATES (per 1,000 live births)

AMERICAN INDIAN: **9.8%**

ASIAN: **6.2%**

AFRICAN AMERICAN: **8.8%**

LATINO*: **5.3%** *Racial differences disregarded

NON-HISPANIC WHITE: **3.9%**

2019 POVERTY RATES

AMERICAN INDIAN: **30.2%**

HMONG: **17.3%**

AFRICAN AMERICAN: **26.8%**

LATINO*: **14.9%** *Racial differences disregarded

NON-HISPANIC WHITE: **6.5%**

Preschool Development Grant Matches CSF Funds

In an effort to support community-led solutions, the Minnesota federal **Preschool Development Grant (PDG)** matched the CSF's initial funding, bringing the total amount available to **\$5,250,000** over three years.

PDG funds additionally created new links between the CSF and the Minnesota Departments of Education and Human Services, as well as to the Governor's

Children's Cabinet. For CSF, these connections mean more opportunities for shared learning, alignment, and sustained impact.

PDG's guiding principles are Racial Equity, Trauma and Healing-Informed Intervention, Intersectionality, Interagency Collaboration, Geographic Responsiveness, Whole Family Systems, and Belonging and Inclusion.

WITH PDG
FUNDING,

12 Community Resource Hubs are being created that aim to:

Provide a single place for families to get help in navigating services.

Increase access to services through partnerships with local community organizations.

Provide relationship-based, culturally appropriate assistance by partnering with people in the communities being served.

Test and evaluate a new state tool, Help Me Connect.

A major focus for the hubs is to grow community engagement. The hubs utilize two tools, **Help Me Connect** and **Bridge to Benefits**. Help Me Connect enables care providers to help families navigate programs and services in their local community. Bridge to Benefits is an online screening tool that helps determine potential eligibility for tax credits and several work support programs.

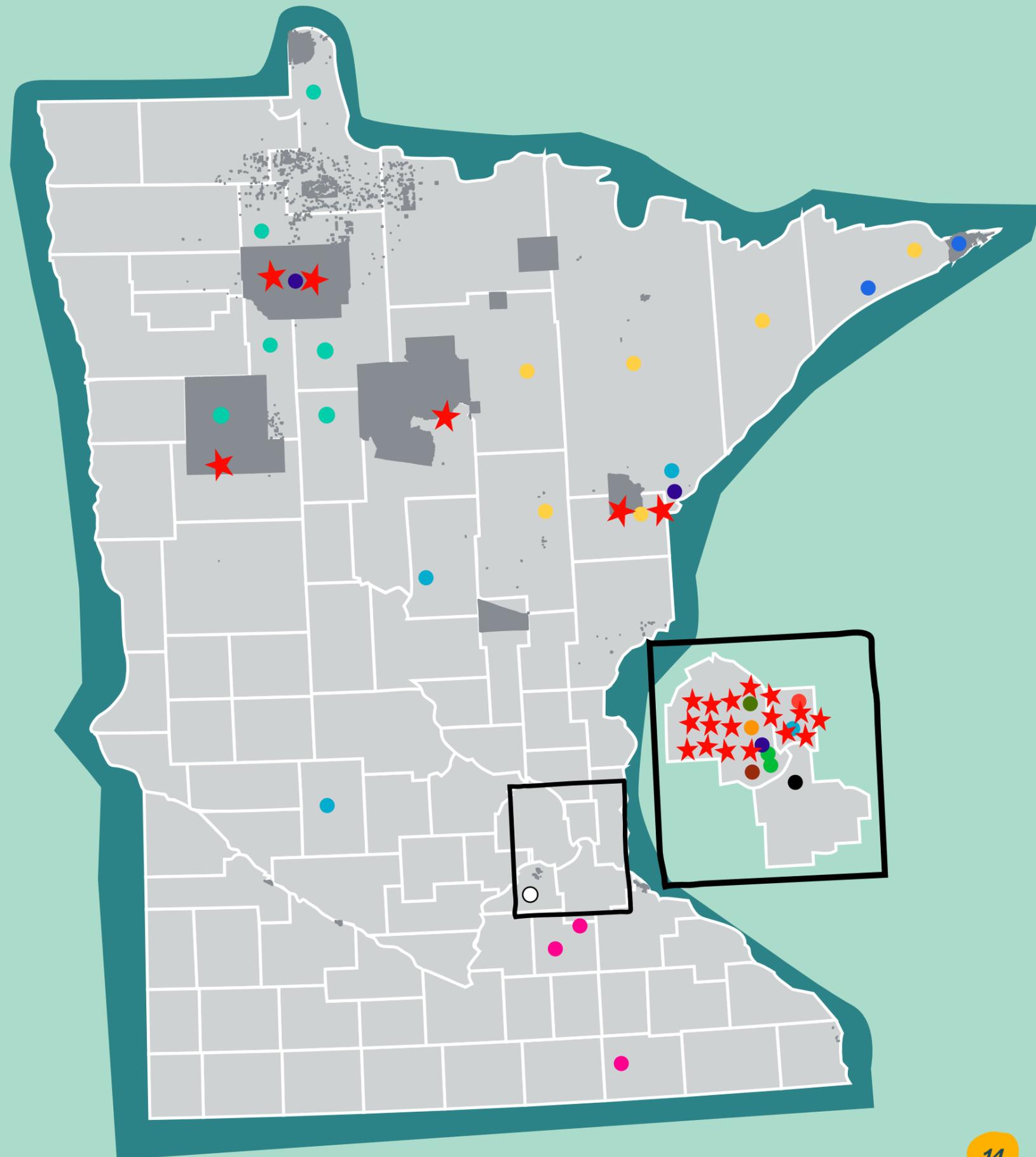


The CSF has grantees in eight of Minnesota's twelve geographical areas served by these regional hubs. The CSF funding and reflective processes can contribute significantly to the learning-community ecosystem created by the hubs and a collaborative partner, Scott County. The CSF advisory council undertakes reviewing bureaucratic processes, recommending how to remove barriers to state staff, and institutionalizing effective practices so that community driven solutions can be implemented for the good of all.



LOCATIONS OF PDG HUBS AND CSF GRANTEEES

- Baby's Space
- Fraser
- Lutheran Social Services
- Minneapolis Youth Coordination Board
- Northland Foundation
- NorthPoint Health and Wellness
- Northwest Foundation
- Red Lake Nation
- Ramsey County
- Sawtooth Mountain Clinic
- Tri-City Connections
- Guiding Star Wakota
- Scott County (Collaborative Partner)
- ★ Community Solutions Grantee



CSF is a Bridge to Mutual Learning

The CSF creates mutual learning opportunities between BIPOC communities, the public agencies that most affect them, and the philanthropic organizations that fund them. The Center for Health Equity staff and CSF grantees are among the most important allies to the Council. The staff actively responds to Council

observations and requests adjustments. They help the Council better understand the complexities of public agencies and the many intricacies involved in navigating them. They also introduced the Council to other agencies, divisions, and units to hear their experiences as grant makers and grant managers.

Advisory council members and grantees are providing a deeper understanding to state agencies, as well as to private funders, of the many factors that can affect cultural groups in different ways. Some factors are overarching, while others are unique. For example, American Indians who are members of sovereign nations and were targeted for genocide and African Americans who are native born and descendants of enslaved people have a different experience from immigrants. Among immigrants, refugees of war have a different experience from those who came for other reasons.

CSF grantees represent the whole spectrum.

MINNESOTA DEPARTMENT OF HEALTH/CENTER FOR HEALTH EQUITY TEAM



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The CSF Grant-Making Process

The first CSF grants were awarded in August 2020. The CSF grant program will award approximately \$1.75 million annually for three years, 2020-2023.

Applicants have to meet criteria listed in the request for proposals (RFP) to be eligible, including:

- The organization must be BIPOC-led, which the council defines as people of color comprising 51% of the board, 51% of the leadership, and 51% of the staff.
- The project has to focus on children prenatal to third grade, with priority given to children prenatal to 3 years of age.
- The project has to focus on any of the social determinants of health.

Both nonprofit organizations and businesses can apply.

In the first round of funding, there were 46 applicants and over \$11,590,981 in total requests.

Applicants in this initial round ranged from small entities staffed by mostly volunteers to larger, professionally staffed institutions such as tribal colleges. The advisory council wanted to learn as much as possible about the goals and challenges faced by different types of organizations, as well as the communities that they serve. The council, therefore, decided to fund all entities that met the basic criteria and achieved a positive rating across 33 scoring categories.

Summary of Grantees

CSF grantee projects fall into three categories: Health, Culture and Early Education, and Parenting and Family Support. ***Each of these categories are public services in the larger society to which everyone contributes, whether through income taxes, property taxes and assessments, or sales taxes.*** Most BIPOC communities, however, do not benefit from the tax-supported public services for which they are paying to the degree that most white communities do. In effect, they are subsidizing public services that are not designed to serve them.

CULTURE & EARLY EDUCATION

Centro Tyrone Guzman | Hispanic/Latino; Metro and Hennepin County

The Mi Pequeño Mundo project, using the Siembra Montessori early learning program, engages parent leaders and community partners in developing and piloting a new, culturally affirming, Montessori-based home visiting program. The new program will support Spanish-speaking children, age birth to 3, and solicit community input through regular forums.

Fond du Lac Tribal College | American Indian; Greater Minnesota, Carlton, Pine, Mille Lacs, Aitkin, St. Louis, and Itasca counties

In collaboration with parents, the tribal college is planning an Ojibwe immersion “Language Nest” called Grandma’s House, for children prenatal to 3, led by two elder-first speakers and language program staff. A strong self-identity from an early age, including through Native American language, is foundational to American Indian resilience.

Hallie Q. Brown Community Center | African American, Other; Metro and Ramsey County

This project will add a transitional classroom for older infants (~2 years old) in the Early Learning Center, bridging the transition from the Infant classroom to the Toddlers classroom. At this critical age in child development, students will have a smoother transition to the next classroom level, and be engaged and ready to learn. The new Community Resource Navigator will expand families’ access to supportive services.

Hmong Early Childhood Coalition (HEEC) | Hmong; 7-county metro and Greater Minnesota

HEEC, in partnership with other community partners, will create a learning community that is specific to the education and well-being of the Hmong Community. HEEC offers training and development for professionals and family caregivers, as well as caregiver support groups, in-home family education, and community outreach.





La Red de Educación Temprana | Hispanic/Latino; Hennepin, Ramsey, Olmsted, Washington, Anoka, Nobles, Norman, Watonwan, and Jackson counties

Building upon grassroots organizing and collective power, La Red provides training and professional development to Latino(x) Family, Friend, and Neighbor (FFN) childcare providers. Children’s early experiences deeply connect to their future physical, cognitive, emotional, and social development. This project will fortify the existing community-owned and -led FFN childcare provider network, while also assisting other interested communities in starting their own.

Montessori American Indian Childcare Center | American Indian; Metro, Ramsey County, and East Metro

The American Indian Prenatal to Three project offers culturally specific early childhood education opportunities grounded in American Indian culture and Indigenous language. The pilot will implement a home visiting program for children prenatal to 3 and regular Talking Circles to ensure services stay aligned with community needs and expectations.

Network for the Development of Children of African Descent (NdCAD) | African/African American; Metro, Hennepin and Ramsey counties

The Parent Power and Sankofa projects will build upon and expand existing culturally specific, two-generation family literacy programs. They engage African American children (ages 0–9) and their parents/guardians in culture-centered programs and activities that holistically support healthy child development while addressing detrimental impacts from racial disparities.

Red Lake Comprehensive Services | American Indian; Red Lake Nation district

Culturally Healthy Early Childhood Indicators of Progress (ECIP) Training Academy engages early learning practitioners and teachers in informed planning and implementation of best practices for children ages 0 to 3. ECIP training will develop the learning environment, structure the daily schedule, and design and implement learning experiences emphasizing the language, culture, and history of the Red Lake Nation, with families as partners. ECIP teaches individualized learning approaches to meet the needs of each child for kindergarten readiness and success.

Wicoie Nandagikendan | American Indian; Metro, Hennepin and Ramsey counties

Our Sacred Foods and Language project is a partnership between five community entities, meshing Indigenous language, food, and wellness into social enterprises. It promotes interconnectedness within families and improved distribution networks within the community.

HEALTH

African Community Services | African/African American; Twin Cities metro area

This project focuses on overcoming cultural stigma that inhibits early childhood screening for autism, particularly in children 3 and under, by impacting their parents ages 20 to 35.

Children’s Dental Services (CDS) | American Indian, Somali, Asian/Pacific Islander, and Hispanic/Latinx: Aitkin, Anoka, Becker, Carver, Clearwater, Dakota, Hennepin, Hubbard, Koochiching, Mahnomen, Mille Lacs, Ramsey, Red Lake, Scott, and Washington counties

Since 1919, CDS has provided oral health services to low-income families. The latest program will address opioid and neonatal abstinence syndrome through dental education services. The focus populations have low access to care, with American Indians experiencing higher rates of opioid-related illness in Minnesota. Along with dental treatment for children, opioid prevention education will be directed toward pregnant and postpartum women.

**Division of Indian Work | American Indian;
Metro and Hennepin County**

This project will hire support for the Ninde (My Heart) Coalition of Doulas, helping manage and train 10 additional doulas to meet growing demand. Special attention will be given to providing doulas to help women most at risk for poor birth outcomes, including due to substance abuse.

**Fond du Lac Band of Lake Superior
Chippewa | American Indian;
Greater Minnesota, Carlton, and
Southern St. Louis counties**

This project provides direct child and maternal health services for the Indigenous Fond du Lac community. Women are connected to the FDL Community Doula program as foundational support to construct stronger, healthier American Indian families.

**Roots Community Birth Center | African/
African American; Metro, North Minneapolis,
& 7-county metro**

The Center's Easy Access Clinic project will serve as an organizing and convening hub around culturally congruent community care, with special focus on support prenatal to 3 years of age. With partner organizations, it will develop benchmarks that measure successful, culturally congruent practices, while improving each partner agency's capacity through collaborative service effort.

PARENTING & FAMILY SUPPORT

**Comunidades Latinas Unidas En Servicio |
Hispanic/Latino; Metro, Ramsey and
Hennepin counties**

This project organizes Latinx families into child-centered, group-learning cohorts, targeting fundamental areas of parenting education and family health that are in sync with the needs and interests of the Latinx community. Using participant-designed training, parents can become Parent Access Educators, sharing information with their networks about how to find and utilize early childhood programs.

**Indigenous Visioning | American Indian;
Greater Minnesota, The White Earth
Reservation and The Red Lake Nation in
Beltrami and Clearwater counties**

The Native American Parent Leadership Training Institute (NA-PLTI) is in partnership with the Northwest Minnesota Foundation and Dr. Anton Treuer. This parent leadership training integrates child development and leadership skills for parents and primary guardians. It includes guidance on interacting within civic society for the promotion of positive outcomes for children, while learning core cultural teachings that foster cultural connections and relationships.

**Korean Service Center | Asian/Pacific
Islander; Metro, 7-county metro**

The Our Korean Kids (OKK) project addresses issues related to healthy child development and relevant parenting skills within the Korean community. The Center will unite through its service to Korean Americans, immigrants, the internationally adopted and those here temporarily.

**Leech Lake Band of Ojibwe (LLBO) |
American Indian; Greater Minnesota,
Leech Lake Band of Ojibwe Reservation**

The Family Spirit Program (FSP) currently trains LLBO and community members to be home-visit paraprofessionals, delivering FSP curriculum to parents and other caregivers of Native American children ages prenatal to 3. The new program will focus on fatherhood, through Anishinaabe beliefs and the traditions and being "men." Organization-wide developments include a breastfeeding initiative for female employees, as well as strategic responses to domestic violence and sexual assault.





Minnesota CarePartner (MNCP) | African/African American and American Indian; Metro & Hennepin counties

This is an expansion of the Ramsey County Community Support Program, bringing it to families outside Ramsey County. The project focuses on diverting families away from the child-welfare system through culturally responsive, trauma-informed services within the community, by people from the community. Services include in-home parent coaching, accessible nutrition services, in-home mental health services and assessments, parenting psychoeducation/evidence-based trauma intervention groups, financial support for transportation, community meals, and chemical health services.



Multicultural Autism Action Network (MAAN) | African/African American; Both, Hennepin, Ramsey, Dakota, and Anoka counties; occasionally, outstate (e.g., Rochester, Mankato, St. Cloud, Duluth)

This project provides information, training, and personal support to parents of children with disabilities in multicultural communities. MAAN is expanding its outreach, focusing especially on those with limited mobility, using social media more strategically to connect parents to information and each other.



Northwest Indian Community Development Center | American Indian; Greater Minnesota (Beltrami and surrounding 60-mile radius)

The Ojibwe Immersion Academy project expands the Animikiiwazison-modeled, multigenerational program. Particular attention is brought to valuing children and supporting the environments they are raised in, addressing the many intersecting health determinants for parenting and expectant Anishinaabe youth/young adults up to age 24.

Parents in Community Action, Inc. (PICA) | African/African American, American Indian, Asian/Pacific Islander, Hispanic/Latino, White, Multiracial; Metro and Hennepin County

PICA strengthens the relationship between fathers and their children through their culturally relevant child-development programs and their Men Are Important pilot project. This also expands the Parent Training program, focusing on economic self-sufficiency to reduce family stress.

Tserha Aryam Kidist Selassie Church (TAKS) | African/African American; Metro, Hennepin and Ramsey counties

This project expands the community-grown health and wellness program, designed for the Ethiopian community. A special focus is on supporting early childhood development through the family environment.

BIPOC Organizations Face Unique Challenges

There are **persistent barriers** in the landscape for BIPOC organizations that some funders and state agencies may not understand. **These include:**

- 1** BIPOC organizations must cover two overheads in order to be effective: One that is required by the dominant culture, and the other required by the cultural communities that they serve.
- 2** Because their cost structures are not well understood, BIPOC organizations are typically underfunded and understaffed in their initiatives, by both foundations and public agencies.
- 3** Without special provisions being made, most BIPOC organizations cannot compete with well-funded, predominantly white organizations that benefit from costly, highly specialized staff such as development and compliance officers, and skilled grant writers. Access to technology can also be a barrier.
- 4** White organizations, after receiving grants or contracts that target BIPOC communities, often subcontract with BIPOC organizations, offering them smaller budgets to carry out the same tasks.

Why are the disparities so large and ongoing?

How do these barriers create more risk for BIPOC organizations?

Are these barriers examples of structural racism?

If unchanged, how will these barriers and practices affect Minnesota's long-term economic well-being?

- 5** The knowledge and skills in BIPOC organizations are seldom recognized or rewarded in ways that equitably compensate the communities and individuals that produce them.
- 6** Current public/private practices incentivize the raiding or appropriation of culturally based BIPOC knowledge and skills by not contracting directly with BIPOC organizations and institutions.
- 7** Some rules, regulations, and laws actively devalue BIPOC knowledge and skills, with few affordable pathways for redress. These devalued assets include some academic degrees, professional licenses, trade skills, and other credentials—particularly when awarded in other countries.
- 8** Current state policies and practices consistently make it difficult for agencies to serve or contract with the BIPOC organizations best suited to bridge different cultural worlds.

Overarching Conditions Affecting Bipoc Communities and Everyone Else

COVID-19 IMPACTS AND UNCERTAINTIES

As of early summer 2021, Minnesota seems to be recovering from the pandemic. The state has reopened, with schedules returning to what is more familiar. We know, however, that new COVID-19 variants can cause additional waves of the pandemic that are perhaps more dangerous. As we have already seen, there will likely be great differences in how this plays out locally; depending upon where you live, what kind of job you have, your family composition, and health determinants in your area.

It will be essential to make data-informed decisions locally, with the active participation of BIPOC communities, in order to effectively implement them alongside responsive public agencies at state and local levels. BIPOC communities have more “essential workers” who are employed or involved in areas such as transportation, personal care, assisted living, early education and childcare, meat packing and agriculture. Their well-being is inextricably linked to society’s most basic functions. These workers tend to be in their prime working years, with children and other relatives who depend upon them.

Minnesota’s 65-and-older population is a growing percentage of the total population and 93% white. The working-age population, ages 18 to 64, is a shrinking percentage of the population, and 21% BIPOC. While this pattern is found statewide, the reality is particularly stark in Greater Minnesota. Forty-three of Minnesota’s 87 counties are losing population. In counties showing population growth, that growth is primarily driven by BIPOC populations. Over one-third of Minnesota’s children 0-4 years are BIPOC.

Demographic Changes

Immigrants boost Worthington economy

MINNESOTA PUBLIC RADIO NEWS

Nobles and Mower Counties: Refugees and immigrants turning around population trends

CENTER FOR RURAL POLICY AND DEVELOPMENT

Building Community, Embracing Difference: Immigrants, Refugees, and Local Government Outreach in Rural Minnesota

CENTER FOR RURAL POLICY AND DEVELOPMENT

NEW TOOL FOR EQUITY
Development & Training, Inc.

As the Boomer generation retires, Minnesota's economy will be more reliant on the success of a proportionately smaller and far more diverse working-age population. In about 20 years, there will be only five working adults for every two retirees. The health and well-being of BIPOC children are clearly essential to the state.

It's complicated. EVERYONE is affected by powerful forces that are out of their control.

DO WE NEED EACH OTHER MORE THAN WE THOUGHT?

POWERFUL FORCES

IMPACTS

GLOBAL PANDEMIC

Unpredictable shutdowns, illnesses, income loss and volatility

MENTAL HEALTH

Opioid addiction, drug abuse, family problems

ECONOMIC UNCERTAINTY

Job loss due to automation or outsourcing, unaffordable childcare, supply-chain disruptions, business consolidations and closures, persistent low wages

DEBT

Medical debt, student debt, elder care, foreclosures and bankruptcies, exploitative pay-day loans, evictions

What we have learned

COVID-19 has had a significant impact on CSF grantees. BIPOC organizations tend to be “high touch,” requiring more personal interaction. The populations they serve are often more difficult to reach, less accessible during conventional hours.

CSF grantees had to redesign their projects with these realities in mind, while navigating across agencies with rigid rules and regulations. It was a major challenge for both grantees and the CHE team.

Misalignments within and across agencies, changes in personnel, different practices and interpretations of regulations, and siloed information all contributed to a torturous process. It was not easy for anyone.

The CHE team was a crucial ally to CSF grantees in addressing these challenges. Remarkably, partner agencies responded to the pandemic with far more flexibility than ever before, due to temporary emergency powers. It showed that **when individuals in large, complex systems are supported in acting with ingenuity and courage, changes are not only possible, but can also be made in record time.**

These misalignments are ongoing and chronic. They are a well-known feature within and across agencies. COVID-19 simply made them more visible and their dysfunction more acute.

Changes that were particularly important to CSF grantees were:

- Flexibility in revising the design of projects
- Adjustments in personnel
- Altering timelines and budgets
- Adjustments in the amount and nature of contact between grantees and MDH/CHE staff.

These administrative changes have been extremely beneficial to BIPOC communities, demonstrating their efficacy. This flexibility shows that in state agencies, substantive alterations at managerial levels can be made in response to barriers—including persistent ones. **It is our choice as to whether they are sustained.**

IMPORTANT QUESTIONS

WILL THE CRUCIAL CHANGES MADE BE SUSTAINED?

HOW WILL THEY BE SUSTAINED?

WHO WILL BE ACCOUNTABLE FOR SUSTAINING THEM?

These questions must be answered both within and across agencies.

Statewide broadband

Appropriate, affordable broadband and devices are essential. They must be made easily available to grantees and the communities they serve.

While statewide broadband access is on its way, it is not yet known how affordable it will be.

Broadband is now generally recognized as an essential infrastructure. COVID-19 restrictions made its necessity abundantly clear in every area of life: work, health, education, and maintaining social connections.

Critical questions, however, remain. **Will families be able to afford the data speed and plans needed for their families?**

Will they have sufficient appropriate devices? Will technical assistance be available to users of different ages, and how will it be offered?

CSF grantees and the families they serve are greatly affected by these questions. According to the Blandin Foundation, 24% of Minnesota adults with household incomes below \$30,000 a year say they do not own a smartphone. Approximately 27% of adults with lower incomes do not have broadband services, and 41% do not have a computer. Because higher percentages of BIPOC communities have lower incomes, these figures are likely higher in BIPOC communities.

In some counties, particularly those in or near urban centers, school districts play a major role in providing devices to children, offering hot spots, and training parents to some degree. These services, however, can vary significantly depending upon resources, distances and the relationship between the district and local organizations.

The realities of access created significant challenges to CSF grantees and staff, despite the strong community relationships they had established.

Example:

The Fond du Lac Tribal College is implementing a language immersion initiative it calls Grandma's House. Intergenerational families meet with a community elder who is fluent in Ojibwe and steeped in the culture. With the elder, they are engaged in songs, cooking, and games, sharing memories and experiences. It is a cultural healing event that weaves the lives of young children, adults, and elders together, reclaiming language while creating bonds of affirmation and perception. Carefully designed, documented, and assessed, the sessions were originally designed for weekly meetings. The program had to be redesigned to meet remotely in smaller groups. This redesign intensified the work of staff and required budgetary adjustments that were not easy to make.

SPOTTY INTERNET ACCESS IS LEAVING MANY RURAL MINNESOTANS BEHIND

STAR TRIBUNE, APRIL 11, 2020

“16% of rural Minnesota households...don't have access to wire line internet service with download speeds of at least 25 mps.”

MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT

“Until we consider a broadband a utility, I don't know if we're going to accomplish the goal of getting everybody connected.”

STEVE GIORGI, EXECUTIVE DIRECTOR OF THE RANGE ASSOCIATION OF MUNICIPALITIES AND SCHOOLS IN NORTHEAST MINNESOTA

“For the Rebariches [children], getting a reliable connection means making a 15-mile trip into Virginia from their rural Embarrass, Minn., home almost every day—sometimes twice a day...”

STAR TRIBUNE

Better Public Sector Planning

Public sector planning must be data-informed, locally driven, and focused on strong participation of BIPOC communities.

BIPOC communities are often left out of planning and decision-making processes, along with any long-term benefits that may accrue. Yet data-informed, mutual learning processes with BIPOC communities are vital for effective planning processes at local, regional, and state levels.

The well-being of BIPOC children and families is ensured by collecting data that are meaningful to these cultural communities and that incorporates the values they place upon family, character, sense of self, social networks, and other

protective factors. It would be far more productive to use these data to guide decisions at every level of government, while acknowledging and accommodating cultural differences.

In contrast, when the data used are deficit-based, the strengths of BIPOC communities are often invisible. Unemployment data will not reveal talents and skills within communities. The number of single-parent households does not show the strengths of extended family and the reach of social networks. Without this information, not only is planning distorted, but BIPOC assets can be underutilized and even destroyed.



“BIPOC communities are often left out of planning and decision-making processes, along with any long-term benefits that may accrue.”

In essence, are we investing in deficits because we have little information about assets? Most public and private grants require a deficit lens. The higher the rates of poverty, addiction, joblessness, school failures, incarceration, or ill health, the more likely a proposal will be given a higher rank. BIPOC communities in Minnesota have provided these kinds of data in great abundance, attracting millions of dollars in public and private investments, while the communities themselves continue to suffer.

Are the rewards for focusing on deficits overwhelming the possibilities for building assets?

Are the children on which we will all rely being sacrificed for these deficit-based gains?

ARE WE EATING OUR SEED CORN?

1 in 6 MINNESOTA YOUTH HAS EXPERIENCED PARENTAL INCARCERATION.

BIPOC ACCOUNT FOR **20%** OF MINNESOTA'S POPULATION, BUT **54%** OF ALL INCARCERATIONS, **37%** OF WHOM ARE BLACK.

AMERICAN INDIAN CHILDREN WERE

18.5x more likely

THOSE IDENTIFIED AS TWO OR MORE RACES WERE

4.8x more likely

AFRICAN AMERICAN CHILDREN WERE

more than +3x more likely

THAN WHITE CHILDREN TO EXPERIENCE OUT-OF-HOME-CARE

BASED ON MINNESOTA POPULATION ESTIMATES FROM 2016

In Minnesota, African-Americans experienced the highest:

median income gap **51.6%**

homeownership gap **68.28%**

poverty-rate gap **296.67%**

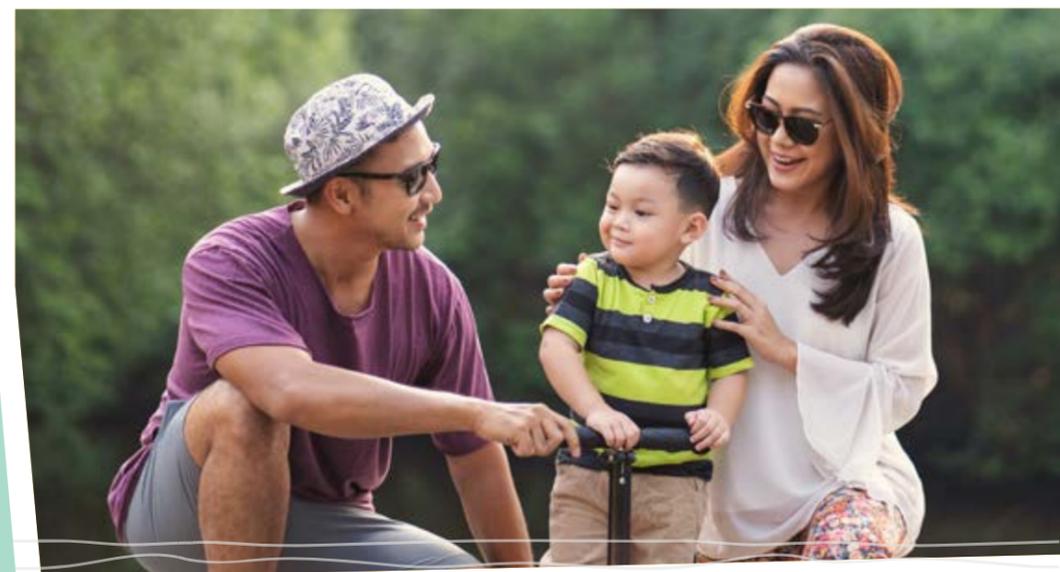
Inclusive Decision-Making on a Fairer Playing Field

Many local and regional planning processes are top-down, responding to criteria, definitions, and outcomes determined by state and federal requirements rather than local or regional realities. Those processes often favor large businesses and externally driven expansion, while ignoring local **human and material assets.**

For example, school district contracts for food services may require that the company with the lowest bid be awarded the contract, with no exceptions. Local and regional businesses would never be able to compete with a large national company, even though those smaller businesses would bring far more benefits to the communities in the district.

In addition, infrastructure projects often prioritize new roads and highways over repairs of existing ones. Local communities may benefit more by repairing and maintaining existing roads, with contracts going more equitably to smaller and BIPOC companies.

These patterns that disadvantage local and regional businesses hold true whether in metro areas or in many of the smaller towns and less populated counties of greater Minnesota. The result is that too often a few large businesses dominate, driving out smaller ones, and dollars turn over only once or twice before leaving the local economy. Local priorities simply cannot compete.



There are new opportunities to level the playing field. Presidential executive orders were issued in 2021 that encourage equity and give more opportunity to small and midsize businesses. The advantages of large corporations that enable them to evolve into monopolies are constrained. The orders direct all federal agencies to promote greater competition and equity through their procurement and spending decisions.

The order focuses particularly on agriculture, health, technology, and labor markets. State and local decision-makers can have a voice in how these opportunities are put into effect. **There can be significant benefits if BIPOC communities are fully engaged in the process from the beginning.**

Inclusive local decision-making, however, is not without its challenges. Conflicts are inevitable and can take their toll, especially when the social fabric is tightly woven. Highly skilled, outside facilitators are essential to the process. They can ensure that all viewpoints are heard, and that the process is fair.

Fortunately, **Minnesota has a rich history of home-grown, local solutions.** These include farmer and consumer co-ops, small and midsize banks, charter schools, and independently managed public schools. All of these innovations grew out of people coming together to address a particular need in their local area. The process requires familiarity with the issue, listening to different experiences, flexibility, and openness to new ideas.

Models that emphasize local solutions are being promoted by two nationally recognized, Minnesota-grown resources: the Institute for Local Self-Reliance, founded by David Morris, with offices in Minneapolis; Washington, DC; and Portland, Maine; and Charles Marhon's Strong Towns, based in Brainerd, Minnesota. They promote models that begin with local well-being and emphasize local resiliency and sustainability. This approach, combined with the strong participation of BIPOC communities and highly skilled facilitators, can spark a transformative process that enables communities to sustain themselves and even to thrive.

A Clearer Focus on Local Assets

We need to enable distinctive cultural communities to determine for themselves how best to grow their assets and address their challenges. With their robust participation, we need to incorporate their plans into local and regional plans for mutual resiliency, sustainability, and growth.

Prior to COVID-19, total US consumer buying power was \$14.8 trillion—a 100% increase since 2000—with the largest percentage gains in minority markets. Minority markets in the US now equate to \$3.9 trillion in buying power (The Multicultural Economy, 2018, University of Georgia). African Americans had a 114% increase in buying power since 2010, due to the surge in Black-owned businesses. Native Americans, 1.3% of the US population, had \$115 billion in buying

power, a 185% increase since 2000, due to Native-owned business growth of 15%—five times more than all US business growth. The largest percentage growth was in Asian and Hispanic markets. Asian Americans have \$1 trillion in buying power and are the fastest-growing market in the country. Latinos are 18.5% of the US population and the largest ethnic market, with \$1.5 trillion in buying power.

The COVID-19 pandemic has negatively affected the buying power of middle- and low-income consumers of all races and ethnicities across the country. The extent of the damage to local economies has yet to be fully understood. **What is abundantly clear, however, is that cities, towns, and communities cannot afford to ignore, squander, or diminish the economic assets of any of its members.**

While purchasing power is important, the wealth of communities of color and American Indian communities often lies in reputation, social networks, and manpower supplied by relatives and friends. When cash is unavailable or in short supply, these are the assets that matter. They form the foundation upon which recoveries can be built.

Minnesota's increasingly diverse population is found both in urban centers and in Greater Minnesota. Local, regional, and state policies must better support its value-centered and relational forms of wealth while nurturing mutually beneficial ways to build upon its buying power.

We need to ask:

★ *Are inappropriate policies and practices creating unnecessary barriers?*

★ *Are minority incomes being diminished through persistent low wages, overcharges for necessities, fines, fees, and high interest rates?*

★ *Are local, national, or international family and social networks that could lead to business growth being undermined by ill-considered rules and regulations, careless prosecutions, incarcerations, and threats of deportation?*

For the good of our collective future, we must stop squandering these precious resources because we neither recognize nor understand them.

MINNESOTA CAPS PAYDAY LOAN APRS AT 200%.
BANKS TOOK \$11B IN OVERDRAFT FEES IN 2019,
\$30B IN 2020 (NATIONAL ONLY).

\$9,797 VS \$80,611: 27-YEAR WEALTH DIFFERENCE
BETWEEN FORMERLY- AND NEVER-INCARCERATED

AS OF 2015, MINNESOTA SPENDS
\$41,366 PER PRISONER ANNUALLY.

IN TRANSIT ENFORCEMENT, **BLACKS WERE 40% MORE LIKELY**
THAN WHITES TO BE ARRESTED AND **AMERICAN INDIANS 55%**
MORE LIKELY TO BE ISSUED A CITATION.

41% OF INCARCERATIONS ARE DRUG-RELATED,
THE LARGEST SINGLE OFFENSE CATEGORY.

A Choice

Recommendations for getting to “We”

- For better decision-making, collect qualitative data that give more context and are more accurate, using a process that is not perceived or experienced by the participants as punitive.
- Invest in community-based participatory research that honors community wisdom and values community assets.



- Create easily navigated, dedicated pathways through agency divisions and units for CSF grantees and MDH/CHE staff, ensuring the building of agency expertise and continuity of equitable service.
- Support agency managers in learning and applying effective, responsive practices that eliminate unnecessary barriers to BIPOC communities.
- Encourage philanthropic institutions to introduce CSF grantees they have funded to decision-makers in public agencies and to potential mentors/investors, increasing the likelihood of additional public contracts or conversions into successful businesses.

**What will
you do?**

Call to Action

The Community Solutions Fund is in its first phase of funding community-based solutions and learning with state agencies how best to recognize and support BIPOC community assets. Its aim is to institutionalize:

better alignment across public agencies regarding access to public and private grants or contracts where BIPOC communities are concerned

the flexibility to acknowledge and accommodate cultural differences in implementation

Community Solution Fund to serve as a resource to BIPOC communities and as a bridge between those communities and state agencies

Accomplishing these aims will strengthen the fabric of the community, so fundamental to the well-being of BIPOC children and their families.

And secure Minnesota's future.

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ADDITIONAL RESOURCES

Center for Rural Policy and Development

Center for Rural Affairs

“Delivering through diversity,” McKinsey & Company

Institute for Local Self Reliance

Option B, Building Resilience

Strong Towns

The Development of Brain Architecture

“The economic impact of closing the racial wealth gap,” McKinsey & Company

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University of Minnesota Cooperative Extension

“Visualizing Unequal State Tax Burdens Across America,” Visual Capitalist

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