HEALTH EQUITY ZONES: A Toolkit for Building Healthy and Resilient Communities

RHODE ISLAND DEPARTMENT OF HEALTH

Acknowledgments

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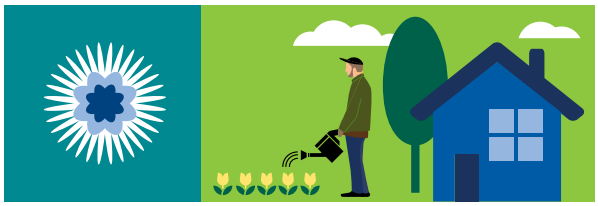


Introduction: A Toolkit for Creating Health Equity Zones (HEZs)

The National Problem: Widening Health Inequities

Many Americans are sicker and dying younger than previous generations, while the most advantaged Americans are enjoying healthier, longer lives than ever before. At the same time, our country spends vast sums of money on healthcare and treatment without solving this persistent problem. **What is the best way for state and local health departments to support underserved communities and reverse these troubling trends?** This toolkit presents an answer to this crucial question, with detailed instructions for how state and local health departments can create their own tailored solutions by following the path trailblazed by the Rhode Island Department of Health (RIDOH) and by learning from our successes and mistakes.

In all regions of the United States, some groups of people experience very different health outcomes from other groups, even though they live nearby in the same city, county, or state. Health officials and scientists refer to these outcome differences as "health disparities" or "health inequities,"[1] and to the possibility of eliminating these differences as achieving "health equity." Health equity means that every person has a fair and just chance to be healthy, unencumbered by obstacles to health like racism and other forms of discrimination, poverty, and their consequences.

Groups that often face inequitable health outcomes include communities of color, low-income families, and immigrants. The dire trend of decreasing life expectancy in the United States correlates with a growing longevity gap between wealthy and low-income Americans[2]—the direct result of fundamental drivers like racism and other forms of discrimination, environmental inequities, harmful corporate marketing and sales practices, and regressive government policies that have excluded many communities from economic gains and the opportunity to live healthy lives. Public health has long focused on disease prevention and health promotion, rather than diagnosis and treatment. Until our society finds an open-minded and sustainable solution to shift a proportion of our clinical investments towards prevention approaches aimed at advancing health equity, our collective well-being will

1. Braveman P. What are health disparities and health equity? We need to be clear. *Public Health Rep.* 2014;129(Suppl 2): 5-8. doi:10.1177/00333549141291S203.
2. Committee on the Long-Run Macroeconomic Effects of the Aging U.S. Population—Phase II; Committee on Population; Division of Behavioral and Social Sciences and Education; Board on Mathematical Sciences and Their Applications; Division on Engineering and Physical Sciences; The National Academies of Sciences, Engineering, and Medicine. *The growing gap in life expectancy by income: Implications for federal programs and policy responses.* Washington (DC): National Academies Press (US); 2015.

continue to suffer and decline. Put another way, taking the right approach to address health disparities can lead to healthier, more resilient communities—something that has health benefits for everyone.

The State and Local Problem: Ineffective Prevention Approaches

State and local public health agencies, like RIDOH, can play a central role in improving health outcomes for underserved populations and moving the United States closer to achieving health equity. Doing so will require significant changes in departmental strategy, structure, and practice to avoid the pitfalls that gave rise to current inequalities. By scrutinizing what is and isn't working for your health department, and how standard ways of doing business are failing to confront health disparities, you will best position your organization to make a positive, significant impact that can avert the perpetuation of multi-generational inequities. Taking an unflinching look at current public health practices—especially with health equity in mind—can be an uncomfortable process. However, this is the best method for refining and operationalizing your department's new approach to reducing health disparities.

Closing the health equity gap is ultimately about taking the correct approach to health promotion and disease prevention. Research shows that up to 80% of health outcomes stem not from genes, biology, or clinical care, but from factors in our homes, schools, jobs, and communities.[3] Similarly, differing health outcomes between population groups are not primarily the result of individual choices or a lack of access to healthcare. Instead, health disparities predominantly arise from root causes in the surrounding physical, social, political, and economic environment.[4] Because different public health entities have their own individual missions and data sources, as well as unique local contexts, not all experts identify the same drivers and determinants of health inequities. Yet experts broadly agree that systems and policies directly influence health disparities. In collaboration with community partners, RIDOH has identified the Rhode Island Health Equity Measures, which include 15 indicators of health equity within five primary domains: integrated health care, community resiliency, physical environment, socioeconomics, and community trauma. Addressing these drivers of inequity can help improve health and opportunity for all residents in your state or locality.

Unfortunately, the current health system in the United States isn't oriented around diminishing health inequities through a prevention-based approach. Per-capita public health expenditures have fallen by 9.3% since 2008, and researchers project that public health spending will fall to only 2.4% of total health spending by 2023. Public health prevention approaches often reflect federal initiatives, available funding sources, or existing programmatic expertise—instead of responding to community-identified needs. In the few states or localities where health equity *does* in fact guide prevention work, other barriers remain, such as a lack of committed funding to sustain initiatives long term, or limited buy-in from community members. Unless prevention efforts incorporate health equity as their primary guiding framework, health disparities will continue to beleaguer and divide our communities.

3. Based on frameworks developed by Tarlov AR, 1999 and Kindig D, Asada Y, and Booske B, 2008.
4. According to the Health Impact Pyramid developed by Thomas R. Frieden, interventions aimed at addressing determinants of health in these areas also offer the greatest potential impact. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

Our Solution: Health Equity Zones

Recognizing the problems facing the United States health system and its approach to prevention, RIDOH decided to make a change. Our first attempt to move beyond traditional approaches to prevention was the "Centers for Health Equity and Wellness" (CHEW) initiative, which RIDOH established and funded from 2012 to 2015. This project aimed to champion, build capacity for, and sustain community organizations that were already promoting health and wellness through prevention.

Each CHEW resided in a low-income neighborhood in Rhode Island, supported by a community-based agency or organization that applied for funding to address a priority project identified by the local community. RIDOH matched available sources of federal funding to projects as appropriate, taking into consideration the scope of work supported by each funding source. Different CHEWs defined their communities in different ways. Some delivered programs to specific population groups, while others focused on geographic areas. For all RIDOH's good intentions, however, it became clear over the duration of the project that we weren't giving CHEWs the proper departmental support that they required for enduring success. In particular, the initiative did not deliver on the level of power-sharing, community engagement, and self-determination that we had originally promised. As a result, the CHEW communities did not feel sufficiently connected with the projects and programs they were supposed to create.

In 2015, RIDOH built on lessons learned through the CHEW initiative to launch the "Health Equity Zone" (HEZ) initiative—the second iteration of our attempt to advance health equity through a new approach to prevention. While the CHEW initiative rhetorically affirmed the importance of community leadership and engagement, HEZs are structured as community-led collaboratives, with the long-term goal of supporting each HEZ to develop into a self-sustaining, self-funding entity that can respond to evolving community needs and priorities. And unlike the CHEW initiative, RIDOH provides seed funding to the HEZs through a "braided" funding model, which can allow collaboratives greater flexibility in choosing their priorities. Braided funding can also help sustain an HEZ when it's ready to pivot to a new priority or focus. Each HEZ has a dedicated RIDOH project officer assigned to guide the implementation of the model and provide technical assistance and support, as well as a local "backbone organization" that acts as an organizational centerpiece and convening body for the HEZ.

In designing the HEZ model, RIDOH developed a theory of change to help articulate the initiative's long-term goals and describe the preconditions necessary to achieve those goals. RIDOH's theory of change looks like this:

> "If Rhode Island collaboratively invests in defined geographic areas to develop sustainable infrastructure, and aligns a diverse set of resources to support community-identified needs, then we will positively impact the socioeconomic and environmental conditions driving disparities, and improve health outcomes."

As the HEZ initiative has grown and matured over the past five years, RIDOH has also identified four key components to successful and sustainable implementation of the model. We believe that these components are indispensable for doing prevention work in the 21st century. In a sentence, the HEZs exemplify a (1) **health equity**-centered approach to prevention work that leverages (2) **place-based**, (3) **community-led** solutions to address the (4) **social determinants of health** (SDoH). The last part of this introduction describes

what we mean by the terms health equity, place-based, community-led, and the social determinants of health within the context of an HEZ-like initiative:

1. **Health equity**-centered means that measuring and responding to population health disparities should be the primary organizing principle for your department's approach to prevention. Health equity must be at the center of your organization's culture, and departmental structures should strive to incorporate equity-informed decision making for both day-to-day practices and your long-term mission and vision. Please also make sure that health equity principles extend to external partnerships with communities, businesses, nonprofits, consultants, and government agencies.

2. **Place-based** indicates that an equitable prevention approach should focus on providing resources to specific geographic areas, rather than funding all places equally. People live in communities, and communities exist within a limited physical space. Because of this, health outcomes are closely tied to where people live: the surrounding environment that encompasses their homes, workplaces, schools, and community centers. Any successful prevention effort must confront environmental factors that contribute to health inequities.

3. **Community-led** signifies that the state or local department of health must share power with community members in a meaningful way and allow them to choose projects based on their own needs and priorities. Prevention efforts that are primarily guided by health officials and experts rarely turn out to be sustainable. This is because the community those experts are trying to help does not feel connected to and empowered by the solutions that health experts are proposing. State and local health department leaders must trust that communities best understand their own problems and priorities. Public health serves the public, not the other way around.

4. The **social determinants of health** are the primary root causes of health inequities. SDoH include factors like access to education, quality job opportunities, safe housing, political participation, and healthy food. The Rhode Island Health Equity Measures (mentioned above) measure many of the most impactful social determinants in Rhode Island. Successful, equity-centered prevention efforts absolutely must address the social determinants of health.

Please keep reading for detailed, step-by-step instructions about how to emulate RIDOH's method for creating the HEZ initiative. While this toolkit was written with other state and local health departments in mind, they are not the only entities that may be interested in or capable of establishing HEZ-like initiatives. We're genuinely excited to see how other agencies and departments improve and adapt the HEZ model for their own jurisdictions and populations. Achieving health equity will take innovation and cooperation far beyond what any single department or community could muster on its own.

Chapter 1: Building Your Health Department Team

Making a Change to Address Health Inequities

State and local health departments are a crucial piece of the puzzle for reducing health disparities in the United States. These types of governmental agencies serve as a bridge between federal funding allocations and local communities and populations. However, with health inequities continuing to widen and push down median life expectancy for Americans, state and local health departments will have to reconsider their approaches to prevention work. Clearly, the current approach is not adequately changing the structural drivers of health inequities or creating the desired improvements in population health outcomes.

Based on our experiences with trying to push Rhode Island closer to achieving health equity, as we mentioned in the introduction, RIDOH believes that there are four key components to doing equity-informed prevention work in the 21st century. These components are (1) using a health equity-centered approach that leverages (2) place-based, (3) community-led solutions to address the (4) social determinants of health.

RIDOH combined these elements, along with our theory of change, into our Health Equity Zone (HEZ) initiative: an equity-centered effort that can flexibly respond to health priorities identified by community members (not by health officials or administrators). But **what does this type of initiative mean for your state or local health department?** What changes need to happen within the department to ensure the success of your own version of HEZ? These are the two primary questions that this chapter seeks to answer.

"Change begins with you" is an aphorism that appears in countless cultures. When it comes to making the necessary changes to advance health equity, though, this saying proves undoubtedly true. Until state and local health departments scrutinize their structures and strategies with those four key components in mind, they risk continuing to perpetuate multi-generational health inequities—whether they're aware of the problem or not. If health departments want to support community leadership, they must embrace internal changes before they help with creating change in underserved communities.

Departmental Supports for Health Equity Zones

Your state or local health department may not share RIDOH's departmental culture or priorities, and that's okay. Following RIDOH's path to reducing health inequities does *not* mean that you have to dogmatically emulate our approach, only that you commit to undertaking the journey towards operationalizing equity. We understand that you will have

to design a program that takes into account your own needs and political realities. However, given that widening health inequities affect practically every locality in the United States, we're fairly certain that most departments, and the community they serve, could benefit from reconsidering and reorganizing their prevention approaches.

As RIDOH learned from the CHEW initiative's mixed results, identifying the core components of your new prevention approach does not guarantee that your department actually delivers on your stated vision for the initiative. **Creating an initiative that can sustain success over the longer term necessitates building departmental values, structures, and capacities that can specifically buttress the four key components of an HEZ-like initiative.** Otherwise, your department's commitment to revamping its prevention approach will only yield limited success—like RIDOH's CHEW initiative.

What the Four Key Components Mean for Your Team

The first core component of an HEZ-like initiative is taking a **health equity**-centered approach. In practice for your health department, this means using health equity as the primary goal-setting and evaluation parameter for your prevention work. While not every state or local health department will share RIDOH's commitment to pursuing equity-centered work, we highly recommend that leadership and staff share an understanding of what health equity means for your department's priorities and mission.

Once leadership and staff are committed to health equity, then your department can tweak existing structures and processes to reflect those values. For example, RIDOH initially placed the HEZ initiative within its Division of Community Health and Equity (CHE) but then moved the initiative to become part of the more recently established Health Equity Institute (HEI). The HEI lives organizationally in the Office of the Director of Health. RIDOH made this organizational change to elevate health equity as a leadership priority across the department. This move gave HEZ staff direct access to the director and deputy director. It also demonstrated our willingness to change RIDOH's structures in order to better deliver on different communities' equity-informed needs. In addition to providing access to departmental leadership, by better coordinating and prioritizing the agency's health equity work, we've been able to build greater buy-in and support for key initiatives like HEZ.

Championing **place-based** solutions—the second key component of an HEZ-like initiative—means that you must organize your department to support communities in disparate geographic locations in your jurisdiction. It also means that department staff must have a solid understanding of how conditions in the different communities can lead to health disparities. A state or local health department that is not accustomed to allocating resources based on geographic need or diversity might need to adjust its practices and structure to better support the place-based aspect of its initiative. For RIDOH, this meant creating dedicated project officers who were responsible for supporting each HEZ. Dedicated project officers are the primary points of contact between the HEZ communities and the department. They ensure that each collaborative is making progress and following the agreed-upon HEZ framework; they also support each HEZ collaborative's internal implementation and capacity building. Organizationally, Rhode Island is unique among states, as it lacks local health departments and relies on one state health department to serve every county and community. However, regardless of how your state or jurisdiction is organized, without creating structures that support different communities in addressing their unique needs, your HEZs may not have the stability to achieve long-term success.

When creating your health department team, team members must believe that their job is to follow the lead of the communities they wish to serve. The whole notion of HEZ-like initiatives is that **community-led** cannot just be a buzz word. You must build power-sharing into the departmental structures and staff roles that support the HEZs. Unless community members feel that the health department is responding to their self-identified needs and priorities, and not dictating the terms of the relationship, they will never fully trust that the department has their best interests at heart.

Of course, department staff may often have prevention, evaluation, and programmatic expertise that community members do not have. But always acting as "the expert in the room" when partnering with communities will not allow for successful equity-directed prevention efforts over time. Instead, department staff and officials must trust that communities understand what problems they're facing better than outside experts. Once the community and the department have a shared understanding of the problems they want their HEZ collaborative to address—and strengths that can be leveraged—then department staff can begin offering prevention and evaluation expertise and support to the community.

Finally, your state or local health department team needs to focus on addressing the **social determinants of health** in order to reduce health inequities in the HEZ communities. Disparities in health outcomes do not derive from individual behaviors and choices made by community members. Instead they largely result from intentional and unintentional institutional and structural decisions that exclude some groups of people from accessing the economic, political, and environmental resources they need to live healthy lives.

The fundamental drivers of health inequities are very complicated and entrenched in American social, political, and economic life. Because different regions of the country have their own unique histories and challenges, the most prominent drivers of health disparities may differ from one place to another. Your state or local health department must evaluate the data and literature about your jurisdiction, and consult with community residents and leaders, to generate an understanding of what determinants of health most predict health inequities for the HEZ communities that you wish to serve.

The next part of this chapter will delve into step-by-step details about how to build your health department team and adjust departmental practices to support your HEZ-like initiative.

Step 1: Know What You're Trying to Accomplish

Health Equity Zones are a novel concept that may not have widespread recognition in many areas outside of Rhode Island. While the concepts behind the four core components of RIDOH's HEZs will most likely be familiar to most health officials in the United States, their application in this initiative will possibly be new territory for many state or local health departments. Health department teams must be very clear on what Health Equity Zones are, and what is involved in fully supporting them, before embarking on an HEZ-like initiative.

Of the four core components, health equity and community leadership are possibly the two points that will be unfamiliar for some staff at your state or local health department. Health Equity Zones require particularly bold action on both fronts from the supporting department, including its leadership. Equity cannot merely be an aspirational concept for this type of project. All aspects of planning, funding, outreach, and evaluation must be considered from an equity-informed perspective. And department staff should have a solid understanding of where health disparities come from, what health equity means, and what equity entails for

prevention approaches. In due course, health equity should become a central part of your organization's culture and operations.

Your department staff and leadership probably already believe in community leadership. After all, who doesn't want to support their local community? The type of community leadership and self-determination necessitated by an HEZ-type initiative, however, may extend beyond your department's usual comfort zone. This initiative requires more than just including community members in meetings. Community members should be the ones shaping the direction and discourse of each HEZ location, with guidance and service from dedicated health department staff. Communities are the decisionmakers for these initiatives, and health department staff will sometimes need to take a back seat in the process and just listen to what community members have to say.

To bring leadership and staff together around shared goals and plans for the initiative, it may be useful to develop and articulate a theory of change for your HEZ-like initiative. The introduction to this toolkit describes RIDOH's theory of change. Your team may wish to adapt this theory of change or create a new schema that works for you and what you aim to accomplish through the initiative.

Step 2: Assess Your Department's Readiness for HEZs

As mentioned in the introduction, RIDOH did not immediately devise a successful prevention model for reducing health inequities. The path from recognizing that our prevention approaches weren't working to generating a workable solution involved many intermediate steps, including the lessons learned from the CHEW initiative. Assessing your department's readiness for HEZs before beginning implementation is a great way to avoid some of the mistakes that we made in Rhode Island. Here are several lines of questioning that can help begin the assessment process:

- How familiar are department staff and leadership with the **four core concepts** outlined above?
- Which of the four do you think will prove most difficult for the department to embrace?
- Do department members believe that traditional prevention approaches are insufficient for reducing health inequities?
- Will it be easy/difficult to generate departmental buy-in for a bold, unorthodox initiative like HEZ?
- Will staff and leadership be willing to make significant cultural and structural changes in order to support the initiative?

If there is concern about generating departmental buy-in for the HEZ initiative, you might consider conducting trainings or supporting professional development opportunities that outline the case for health equity. These presentations can also explore how an HEZ-like initiative can address some of the common drawbacks of traditional approaches to prevention—including real-world examples from other states and localities. Lastly, connecting your departmental peers with colleagues from other health departments that have pursued HEZ-like initiatives may address some of the uncertainties or hesitations about the model. Ultimately, all health departments have unique circumstances and contexts, but there is no wrong time to start centering equity in public health. As was true for Rhode Island, universal buy-in is not required to make worthwhile progress toward health equity.

Step 3: Review Your Department's Current Approach to Public Health

So your department seems ready for an HEZ-like initiative. How then do you move forward with assembling your HEZ team? The answers to this question depend largely on your department's current approaches to community health, prevention, or health equity. **If your department has recently pursued projects that align with some or all four core components, this may be a good starting point for creating the necessary structures and roles for HEZ.** Work with your departmental strengths, and honestly evaluate and anticipate your departmental weaknesses.

If your department has an organizational commitment to **health equity**, you might ask questions like these:

- Is health equity a stated value of leadership? What about the entire health department?
- Are certain teams or programs more equity-focused than others?
- Do equity considerations inform different parts of public health work, including funding, planning, and evaluation?
- What has operationalizing health equity looked like in the past? Did it involve internal and external practices?

If your department has attempted **place-based** programs in the past, you might ask:

- Were the places chosen with equity in mind?
- What social, environmental, and economic factors were considered in the selection process?
- Where in your department did the place-based project sit?
- How was it supported and/or administered?

If your department has allowed for **community leadership**, you might ask:

- How much self-determination did the community have in directing the project?
- How did the department identify and contact community representatives?
- What balance was there between departmental expertise and community-based guidance?
- At the end of the project, did community members feel like their needs had been adequately addressed?

If your department has attempted to address the **social determinants of health**, you might ask:

- How did your department identify the most important determinants of health for the communities you serve?
- Did your project focus on specific determinants, or did it broadly attempt to address many different determinants?
- What measures have you developed, and how have you started tracking your successes?
- Did your department's understanding of the social determinants of health include a health equity component?

One final area of review is how existing programs and structures within your department may help or inhibit partnerships with community stakeholders. For example, assessing which existing programs or staff have experience with community organizing or capacity building may help you select dedicated implementation and management team members with the skills to hit the ground running. Conversely, if a particular program area is not well aligned with any of the four key HEZ components, then perhaps it would be best to place the HEZ initiative within a different departmental area. This review process is necessary *before* beginning to make departmental changes in support of the HEZs.

Step 4: Reorganize Your Department Based on What You Learned

Once you've finished assessing your departmental readiness for HEZ and have completed your review of the department's current public health approaches, then you're ready to begin reorganizing structures in order to build your department HEZ team. Although the particulars of your approach will depend on what you've learned through the assessment and review processes, we believe that the following elements will prove indispensable to your team.

Assign leadership responsibilities within the department. Your HEZ initiative will most likely benefit from leaders who fully understand the vision and have a background in health equity. After the first two years of RIDOH's HEZ initiative, we shifted from divisional oversight of the initiative to executive oversight. There were many reasons for this shift, but primarily it was to keep HEZ from becoming too much like other programs and allow it to grow on its own terms. Other state or local health departments do not need to copy this approach. However, we highly recommend carefully thinking about who within the department should oversee the initiative.

Hire HEZ-dedicated staff for supporting the community leadership of the initiative. Providing dedicated staff—as opposed to staff who are juggling multiple priorities—is crucial for the sustainability and long-term success of the initiative. Staff members should be clear on their roles with regards to community leadership and, ideally, would stay in their positions for the multi-year duration of the implementation cycle. RIDOH's HEZ initiative has outlined several critical staff roles. Some staff may fill more than one role, while others will likely require more than one staff member. For example, RIDOH's project coordinator currently oversees training and technical assistance; meanwhile, RIDOH currently employs three project officers. These are the critical staff roles:

- A **program manager** is responsible for coordination and implementation; the manager provides support to the internal HEZ team for day-to-day operations.
- **Project officers** serve as liaisons for the HEZ collaboratives and advocate on their behalf within the health department; project officers also work directly with the communities.
- An **evaluator** is responsible for the internal and external evaluation of the project, as well as for helping HEZ collaboratives build evaluator capacity.
- A **communications lead** can handle the internal and external communications needs of the department HEZ team, and support collaboratives to message in an effective and appropriate way.

- A **fiscal liaison** is responsible for managing the internal and external financial operations, balancing budgets, interfacing with initiative contractors, and providing technical assistance to the HEZ collaboratives.
- A **training and technical assistance manager** is responsible for overseeing technical assistance provided by the department, planning community learning sessions, and supporting professional development for the HEZs.
- A **project coordinator** can attend community leadership meetings, conduct project management, and assist with HEZ capacity building.

Communicate clearly about expectations for leadership, assessment, decision-making, and equity-informed practices. There need to be clear lines of communication both within the department and between the department and the HEZ collaboratives. Once departmental communications practices are clearly set up and defined, especially with health equity in mind, then the communications lead can begin helping the HEZs message and communicate about the priorities they've chosen.

Draft a shared plan for the initiative that includes significant guidance and input from community members. This plan should delineate shared expectations for the steps of building and developing the HEZs, including how the department can respond to evolving community needs, priorities, and circumstances. This will likely be a living plan that evolves as your work moves forward. More about the planning and implementation process for building the HEZs will be covered in the next chapter.

Chapter 2: Building Health Equity Zones

Centering Place and Community Power

With your reconsidered departmental roles and structure in place—and with health equity at the core of your methods and mission—it is now time to work with communities to create your Health Equity Zones. Building HEZs is all about setting the initiative up for long-term stability and success by cultivating a true partnership with communities. This partnership will endure and continue beyond the frame of a single project or focus, so it is important to work together to establish an initiative plan and expectations from the outset. Community leadership must be more than just a stated value: it must be actualized throughout the entire planning and implementation journey.

Although this chapter primarily outlines the HEZ building process from the perspective of a state or local health department, readers should keep in mind that the HEZ collaboratives will also be simultaneously pursuing a parallel building process. The steps involved in building an HEZ collaborative will reflect the steps followed by the state or local health department. Project officers should strive to guide HEZ collaboratives during the building process and not make decisions for them. The health department's proper role is to partner with collaboratives and their respective communities to make sure that their strategies align with the HEZ initiative's values and purpose.

Identifying the communities to partner with can be a varied process. For example, some communities may already have a relationship with the department through past programmatic or prevention work, while other communities may not have a pre-existing relationship with your department. What really matters in this selection process is working with communities that are experiencing unjust health inequities. Department experts can use health equity assessment tools—like the Rhode Island Health Equity Measures mentioned in the introduction—to determine if the community in question would be a good fit for the initiative. Another option is to ask applicants to present data demonstrating health inequities during the application process. It's important to note that every community experiences disparities to some degree—and as such, can make strides to advance health equity. Acknowledging the reality of limited resources, Rhode Island has chosen to prioritize communities facing the greatest inequities.

When creating an HEZ plan in partnership with a community, it is important to delineate geographic boundaries for the new Health Equity Zone. Although health inequities have diverse causes, including many that are usually characterized as social determinants of health, drivers of health inequities often derive from factors in the surrounding geographic area. Moreover, communities exist within a limited physical region that encompasses the homes, workplaces, schools, and community centers where people live. By setting a clear

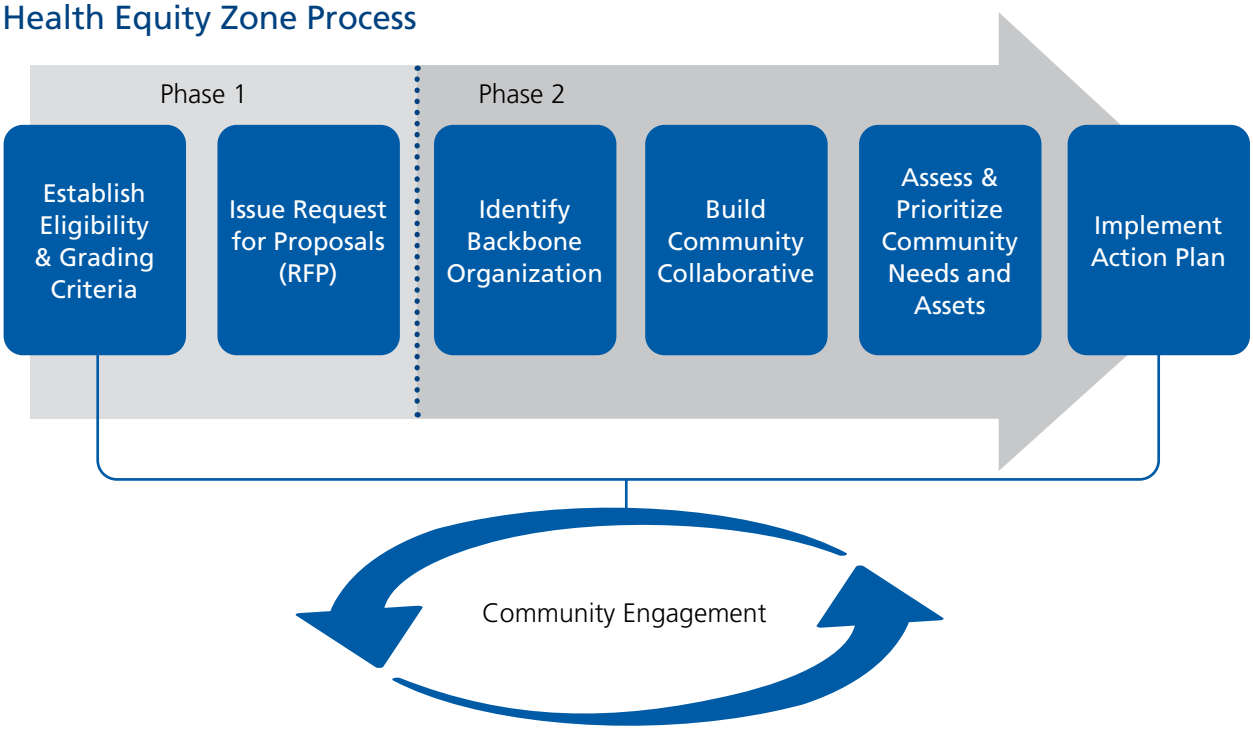
geographic area for the HEZ, you and your community partners will have a clear idea of what strengths and resources you can leverage for the new initiative, as well as some of the underlying population health risk factors. In Rhode Island, some HEZs are defined by formal political borders, like county lines and census tracts, while others include a more informal collection of multiple contiguous neighborhoods. For Rhode Island HEZs, the communities defined their own boundaries during the initial application process. Please consult with community leaders to learn what boundaries make the most sense for their area.

Every community is different: no two communities are perfectly alike. Communities in your jurisdiction will differ in physical environment, economic circumstances, culture, and in their health needs and assets. Creating tailored, community-led Health Equity Zones in the different locations that experience health inequities is, in our experience, the best way to create a sustained approach to advancing health equity. There is no one-size-fits-all solution to health disparities, and the HEZ model is flexible enough to respond to diverse community goals and needs.

The Health Equity Zone Process

There are two phases to the creation of an HEZ-like initiative. First, the health department must create the rules and infrastructure for the initiative itself. This includes setting the eligibility criteria and grading criteria for communities applying to create HEZs as well as developing and implementing a community selection process. In phase 2, the health department must work with community collaboratives to partner with them from the application process to the creation of the HEZ, the identification and prioritization of their health goals, and the implementation of their identified health improvement strategies.

Health Equity Zone Process



Step 1: Establish Eligibility and Grading Criteria

Before soliciting applications from communities that are interested in establishing an HEZ, your department must first decide how to determine if an applicant is a good fit for the initiative. RIDOH's application guidelines laid out clear eligibility criteria for interested communities with four basic conditions that applicants needed to meet:

1. Be a geographically defined community
2. Support a population of at least 5,000 people or include a justification for how a selected small community will meet initiative goals
3. Demonstrate social, economic, or environmental disparities or inequities
4. Demonstrate poor health outcomes

These criteria are rooted in the key components of the HEZ initiative—including that it should be place-based, equity-centered, and focused on addressing the social determinants of health—as well as the theory of change underpinning RIDOH's HEZ initiative. The theory reasons that we can improve health outcomes by focusing and aligning resources to address the root causes of health and well-being in specific geographic areas—as defined by the people living in those communities. As such, we wanted applicants to represent specific geographic communities where opportunities existed to improve health outcomes by addressing existing inequities. We also wanted to be able to evaluate changes in these outcomes in HEZ communities over time.

Of course, your state or local health department can tweak these criteria to align with your own iteration of the four key components of HEZs. RIDOH's request for proposals (RFP) also set ground rules for who could apply for new rounds of HEZ funding. We stated that we "believe that the changes required to improve health equity within an HEZ can only be accomplished by a collaborative effort." As such, we accepted HEZ applications from:

- An existing or new collaborative,
- A single organization acting on behalf of a collaborative, or
- A single entity interested in developing a collaborative within an HEZ community.

Next, your department must establish a fair grading rubric for evaluating applications. During the HEZ application process in Rhode Island, we stated that we would only award contracts to applicants who demonstrated that they had the fiscal and administrative resources required to implement the initiative. Our application grading criteria reflected those priorities, along with other considerations. Your local or state health department can create a scoring rubric that reflects its own unique priorities and concerns. Here is the rubric that we used:

Criteria	Possible Points
Problem Statement, Needs Assessment, and Population to be Served	20 Points
Lead Applicant/Partnership Description	25 Points
Project Goals, Objectives, and Activities/Strategies	35 Points
Project Timeline	10 Points
Project Administration	10 Points
Community Support and Linkages	10 Points
Evaluation Plan	20 Points
Cost Proposal	60 Points
Overall Merit of Project	10 Points
Total Possible Evaluation Points	**200 Points**
ISBE Participation[5]	6 Bonus Points
Total Possible Points	**206 Points**

There are several lessons that RIDOH has learned about eligibility and grading after requesting two rounds of proposals. In future iterations, we are hoping to codify the strength of applicants' existing relationships with proposed HEZ communities, since that relationship has shown to be of utmost importance to an HEZ's success. Also, while the intent of the scoring regimen is not to exclude or punish underserved communities, but rather to ensure that applicants fully endorse the initiative's key components and are ready to take on crucial fiscal and convening responsibilities for the proposed collaborative, the reality is that the current scoring model has limited our ability to select smaller, more grassroot applicants. RIDOH plans to amend how we evaluate future applications we receive in response to the RFP, which is the next step in the HEZ building process.

Step 2: Publish a Request for Proposals (RFP)

A request for proposals (RFP) is a common method for announcing and sharing the details of new health department initiatives. RFPs usually solicit bids from partners or contractors who wish to work with the department on a specific project or program. They guide partners or contractors on how to prepare proposals and what deliverables will be required if a bid is selected. RFPs often include letters of intent, baseline assessments, and draft action plans from the interested communities.

Many public health leaders and staff members will already be familiar with the RFP process. In the case of an HEZ-like initiative, RFPs are one way to initiate contact with communities that are experiencing disproportionate rates of chronic disease or other health disparities and who want to address the social determinants of health. The advantages of the RFP process for an HEZ-like initiative are primarily that (1) it allows community leaders to think through and formalize their vision for the collaborative; and (2) it allows health department staff to better understand if the community is currently a good fit for HEZ. The bulk of the RFP might be a project narrative that includes a problem statement and describes the population that

5. In Rhode Island, the ISBE participation rate is the ratio of the amount of work performed in connection with a state procurement contract or public works project by small business enterprises owned or controlled by one or more individuals who are women, minorities, or individuals with disabilities (as defined by state law) to the amount of work performed by all contractors and subcontractors. The greater the ISBE participation rate, the more points an applicant can receive.

the HEZ will serve. The RFP also clearly communicates with community leadership about the scope, expectations, duration, capacities, and components of Health Equity Zones.

In RIDOH's RFPs, we outlined guiding principles for the HEZs, which included the four key components mentioned in the introduction to this toolkit: (1) **health equity-**centered (2) **place-based**, (3) **community-led**, and (4) focused on the **social determinants of health**. These guiding principles also established additional aspects of the HEZ initiative that communities were encouraged to address in their applications. The additional guiding principles describe an initiative that is:

- **Population-based** (committed to all people within the HEZ boundaries)
- **Stakeholder-based** (designed to engage the community in all phases of work)
- **Data-based** (committed to quantitative measurement and evaluation)
- **Goals-based** (committed to producing targeted measurable deliverables to benefit the community)
- **Collective impact-based** (unified through diverse perspectives to move effectively in one direction)
- **High impact** (aimed at addressing socioeconomic and environmental determinants of health)
- **Evidence-based** (required to base all activities on evidence-based strategies)

One section of note in the RFP delineates the funding and contract timeline for the initiative. Contract lengths and renewals will probably be governed by laws unique to your state or jurisdiction, so please check with officials or legal counsel to confirm the requirements that apply to your HEZ initiative. RIDOH funds HEZs for a five-year grant period, which is the maximum allowable timeframe under Rhode Island law. Agreements are renewed annually based on HEZ performance outcomes and available funding. Whatever grant timeline your department opts for, it is important that the applicant communities understand what timeline expectations are in place, and how those expectations will help guide the long-term success of the collaborative.

When encouraging communities to apply for HEZ funding in 2018, RIDOH stated that "the goal of [our] RFP is to continue efforts to address health disparities and improve population health in underserved communities." The RFP then explained that "HEZs are contiguous geographic areas that are small enough to significantly impact local health outcomes, health disparities, and socioeconomic and environmental conditions, and large enough to impact a significant number of people." We recommend providing similar goal and definition statements in your departmental RFPs. Please contact RIDOH's HEZ program manager if you would like examples of our latest RFP documents. You are welcome to base your own HEZ RFPs on our versions.

Step 3: Identify Backbone Organizations for Each HEZ

Different communities and partners have vastly different levels of capacity and expertise to manage the planning, implementation, and fiscal aspects of an HEZ. Therefore, it is very important for each HEZ collaborative to identify a "**backbone organization**" in its RFP. The backbone organization acts as an administrative centerpiece and convening body for the other collaborative members. For Rhode Island's HEZs, backbone organizations took on additional responsibilities that other HEZ collaborative members typically would not have to deal with on a regular basis—particularly regarding cost reimbursement and billing processes. The backbone organizations in these communities ranged widely in mission and scale, and examples included local community development corporations, anchor institutions, municipal government offices, and community-based organizations or health centers.

Some communities may not have a stakeholder that is prepared to serve as an HEZ backbone organization. This may be the case in regions where community infrastructure is still very grassroots or if the primary RFP applicant is newly established. The RFP process is an excellent way to screen for organizational capacity, culture, and readiness. One option for applicant communities without a clear backbone organization is to consider a preliminary period of capacity development supported by technical assistance from the state or local health department.

Compared with other HEZ collaborative members and stakeholders, backbone organizations have more frequent contact with health department project officers. The project officers and backbone organization leaders work together to facilitate the collective decision-making process of the larger HEZ community. Together they make decisions *with* the broader community, not *for* the broader community.

Resources for Local Partners

Because there are parallel processes the individual HEZs will be going through, here are some resources state and local health departments can provide to local partners:

1. Resources on building a collaborative:

Developing Effective Coalitions: An Eight Step Guide

Identifying and Analyzing Stakeholders and Their Interests

Building Needle-Moving Community Collaborations

2. Resources on conducting a community assessment:

Community Health Assessment and Group Evaluation (CHANGE) Action Guide

Assessing Community Needs and Resources

A Community Needs Assessment Guide

3. Resources on using high-impact strategies to inform your action plan:

Criteria for Choosing Promising Practices and Community Interventions

Planning For and Selecting High-Impact Interventions to Improve Community Health

A Framework for Public Health Action: The Health Impact Pyramid

4. Resource on building healthy and resilient communities:

2019 ASTHO President's Challenge: Getting Started – Tips for States

Step 4: Build the Community Collaborative

Once your department has identified the communities and backbone organizations that are best suited to build an HEZ collaborative from the application pool, then it is time to meet with community members and leadership to begin building, expanding, and maintaining the community-based collaborative. Initial meetings should seek to clarify issues and inefficiencies raised within the RFP document, and to establish a working relationship between health department staff and community leadership. A positive working relationship is especially indispensable for the department's project officers, who will be serving and interacting with the individual HEZs on a daily basis.

Meetings between department staff and community members are a key opportunity for demonstrating your department's commitment to community leadership of the initiative. Meetings should not be an opportunity for department staff to lecture community members on health practices or reiterate strict programmatic requirements. Instead, this is a space and time for collaboration, reflection, and deep listening. We recommend inviting community leaders to play a central role in these meetings, and to openly share their ongoing successes and challenges.

In the first weeks or months of working with a backbone organization to build a new HEZ or expand an existing collaborative, we recommend three primary areas of discussion:

1. Conducting a **community assessment** to identify, describe, and prioritize inequities of interest and importance to the community and to understand what assets are in place within the community to address those inequities.
2. Engaging **diverse stakeholders, partners, and community members** in the HEZ collaborative. These might include residents, municipal leaders, businesses, education systems, health systems, law enforcement, and others.
3. Developing an **action plan** informed by the results of the community assessment. HEZ collaborative members should be encouraged to use evidence-based best practices to advance upstream changes in the determinants of health that drive the health inequities the community is experiencing.

Step 5: Conduct a Community Assessment

One primary area of collaboration and support during the initial building phase is conducting a **community assessment** for each community that receives HEZ funding. These assessments can include data as well as qualitative evidence of ongoing community health concerns. In Rhode Island, RIDOH encouraged HEZ communities to conduct surveys and some interviews as part of their baseline assessments. The purpose of the assessments is to identify and describe inequities of interest and importance to the community, including the socioeconomic and environmental factors that drive health outcomes.

Please note that the quality and level of detail included in the assessment will likely vary from one HEZ to the next. Some HEZs will be better prepared to conduct this type of assessment than others. The role of the department, in that case, is to provide non-judgmental support and capacity building to the communities that need extra care to get their collaboratives off the ground. For some types of health inequities, existing data can provide the information needed for the assessment, while for others it will be necessary to collect new data through surveys, focus groups with community residents, or other assessment methods.

The HEZ collaboratives should be encouraged to broadly assess the needs and assets of their communities. For example, in Rhode Island, one HEZ asked its residents, "What does a successful community look like? What do you need to have a successful community?" Although these questions did not specifically mention health, many residents' responses aligned with known root causes of health inequities.

As an additional step in the community assessment process, HEZs should work with the community to prioritize findings. HEZ collaboratives might ask residents and stakeholders, "Do you agree with what we heard? What else is missing? What are the *most important* issues to focus on?" This prioritization process could take many forms. For example, one Rhode Island HEZ physically displayed information from its community assessment in a local community center. The HEZ invited residents to stop in over the course of a week to learn more about the information collected and use sticky notes to flag the most important areas for action. Developing creative ways for all members of the community to participate can help keep the loudest voice from dominating the conversation. It also helps ensure community buy-in on the path forward. A comprehensive, thorough community assessment will provide the opportunity for community-identified needs and priorities to directly inform HEZ action plans and to drive the collective work of the initiative over the longer term.

Step 6: Develop an Action Plan

RIDOH asked each HEZ collaborative to develop an **action plan** at the end of year 1 of funding. The plan should be informed by the results of its community assessment. In anticipation of this part of the process, RIDOH prepared a list of evidence-based strategies for the HEZs to use when developing their plans. This proved to be an important support for the HEZs, as it helped the collaborative members better understand the feasibility and efficacy of possible intervention strategies. Along with their backbone organizations, HEZ collaboratives were encouraged to select strategies that addressed root causes of health inequities. Some collaboratives opted for further downstream projects as well.

When asking your HEZ collaborative to develop an action plan, it is crucial that its priorities are based on the results of its community assessment. In keeping with the community prioritization process described above, a HEZ should not choose its focus areas based solely on the priorities of community leaders or of the backbone organization, as this could potentially erode trust with community members. Additionally, we recommend that resident voices and testimony be an integral part of the planning process. The action plan should reflect community assets and strengths.

Community-selected strategies and needs should complement one another so that the HEZ applies its resources effectively. Similar to the community assessments, HEZ collaboratives will create very different action plans from one another, reflecting their individual cultures, capacities, and areas of growth. In addition, action plan objectives will likely vary widely by HEZ, depending on community priorities and needs. For example, in Rhode Island, some HEZs identified supporting local food production as a key priority, while others zeroed in on increasing support for homeownership or improving transportation infrastructure. The key aspects of this process for department staff are to maintain an open mind to unconventional proposals and devise ways to help the collaboratives align their ideas with the core tenets of the HEZ model. The collaboratives and communities must feel that the HEZ action plans derive from their own insights and innovations, so that they will feel invested throughout the implementation process.

There is no set formula that the action plans must follow. Components that collaboratives might choose to include are mission and vision statements, collaborative partner lists, background information about the HEZ community and demographics, and a breakdown of priority areas. The priority area breakdowns could detail short-term timelines, objectives, strategies, and measurements. Some action plans may take the form of multi-page reports, while others may be a single-page, detailed infographic. The format depends on the vision and priorities that the collaborative chooses to pursue.

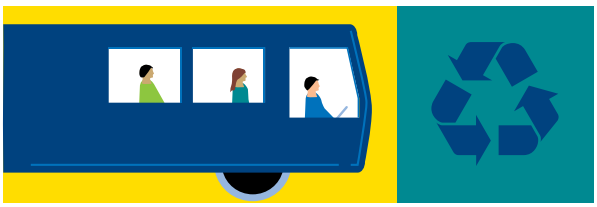
Step 7: Implement the Action Plan

After developing their action plans at the end of year 1, the HEZ collaboratives are ready to begin implementation of the action plans in years 2 and 3 of funding. During the implementation phase, the HEZs must begin leveraging local resources to supplement the seed funding provided by the local or state health department. This progression will allow the HEZ collaboratives to eventually become stand-alone, self-sustaining centers for community health that can respond flexibly to changing needs and innovative prevention approaches. Sources of local funding for the HEZs might include community development funds, philanthropic foundations, anchor institutions like hospitals and universities, or in-kind donations from community partners. Health department staff can assist the HEZ collaboratives with identifying and applying for these sources of funding.

Progressing to action plan implementation means that the HEZ collaboratives will have to act on the priorities and action projects identified during the planning process. We recommend encouraging the HEZs to assign specific community organizations or stakeholders as "champions/lead partners" for action plan objectives. The community organizations and stakeholders that form the HEZ collaboratives should be encouraged to take ownership of their projects while maintaining fidelity to the key components of the HEZ model. Everyone involved in the implementation process—community stakeholders, the health department, and residents experiencing health inequities—should be in regular contact about initiative expectations and goals.

One lesson learned from Rhode Island was that to successfully transition to action plan implementation, the HEZ collaboratives had to strengthen their community engagement efforts. Initial community engagement was often limited to organized groups that derived direct or indirect benefit from participation in HEZ activities, such as funding, support of the core organizational mission, substantial "say" in community initiatives, or publicity. Broadening community engagement efforts, giving residents from the community a prominent voice, and including many more organizational and individual partners can strengthen the implementation efforts. Action plan implementation should include regularly scheduled community engagement meetings or events that reach residents of all different backgrounds and identities.

For Rhode Island's HEZs, RIDOH asked the collaboratives to re-evaluate and amend their action plans after each year, incorporating new information about project successes and challenges, and proposing changes to strategies and priorities as suggested by health department advisors or community members. Your HEZ-like collaboratives will benefit from a similar approach to periodic reappraisal, reflection, and strategic evolution.



Chapter 3: Financing Health Equity Zones

Establishing a Funding Structure

In the previous chapters we've talked a lot about the guiding concepts and goals of an HEZ-like initiative. Now it is time to discuss a fundamental aspect of setting up such an initiative: getting the finances organized and in place for long-term sustainability and success. As will be obvious to a reader thinking about emulating and adopting RIDOH's HEZ initiative for your own state or local health department, without stable, predictable financial backing for both dedicated department staff as well as for the individual HEZ collaboratives, your initiative will not endure beyond a single grant cycle. That's why it is so important for department staff to have a clear understanding of the unique components that characterize the HEZ model: (1) **health equity-**centered (2) **place-based**, (3) **community-led**, and (4) focused on the **social determinants of health**. Department staff must believe that this model can be a significant driver of improvements in community health. And they must comprehend why an innovative funding structure is necessary to support and sustain community-driven prevention work.

Traditionally, public health departments have provided communities with separate sources of funding to implement specific programs or address specific health concerns, such as diabetes or cancer. Each funding source comes with its own set of requirements, often leading to duplication of efforts and imposing an administrative burden on the community. This top-down approach is restrictive, as the pre-existing silos rarely match community needs and priorities. This traditional funding approach does not fully capitalize on the prevention potential of upstream public health initiatives. It also prevents communities from becoming true leaders in prevention work and from creating space to elevate community priorities. Changing the way health departments work with communities requires moving beyond the dynamic of funder and grant recipient, and towards something more collaborative and transformative.

From a financial perspective, what sets an HEZ-like initiative apart from traditional programmatic prevention work is how the department takes on the work of "braiding funding" in support of the individual HEZ collaboratives. By taking on the work of creating less-restrictive funding and helping match HEZ collaborative initiatives to appropriate funding sources, the state health department gives the individual HEZ collaboratives maximum flexibility to pursue prevention approaches that align with community needs and priorities. Without braided funding, the HEZ collaboratives would have to coordinate different funding sources, which could limit the type and scope of their projects. Instead, by shifting the

administration of funding to health departments, the HEZ model provides a platform for local and state health agencies to coordinate investments and maximize efficiency and efficacy. As a result, the individual HEZs get to focus on their community health projects and on growing their collaboratives from the beginning. In Rhode Island, braided funding was crucial for shifting decision-making power from RIDOH to the community collaboratives.

Braided funding sources can come from both federal and state grants and can be used to fund (1) dedicated health department staff working on the HEZ initiative, (2) implementation of prevention projects pursued by the individual HEZ collaboratives, and (3) infrastructural start-up costs and growth of the individual collaboratives as they move towards greater self-sufficiency. It is important to note that, for RIDOH's HEZs, project implementation funding is not based on a formula. Instead, RIDOH allocates funding to the individual HEZs based on need, eligibility, appropriateness, and the relative competitiveness of the applications submitted by the individual collaboratives. These allocations consider the requirements of the respective funding sources, and RIDOH's fiscal liaison is available to guide the community collaboratives through this part of the funding process. Please keep reading for a step-by-step guide to braided funding for an HEZ-like initiative.

Step 1: Leveraging Funding Sources

As a member of a state or local health department, you are most likely familiar with common sources of public health funding for prevention work at the state and local level. The three most common types of funding are federal grants, state accounts, and grants from philanthropic foundations or other anchor institutions like hospitals and universities. Funding from all three sources can be used to support both departmental HEZ staff and the individual HEZ collaboratives.

One place to start with funding your HEZ-like initiative is by identifying existing funding sources already accessed by the health department and finding a way to divert those funds into the new initiative. Of the three common types of funding that you already have access to, which ones would most likely support health equity or community empowerment work? Which ones are sustainable enough to help get the initiative off the ground during the first three to five years of learning and growth? Some examples of existing funding sources that RIDOH tapped for the HEZ initiative included the Title V Maternal and Child Health Services Block Grant from the Health Resources and Services Administration, as well as funding from Rhode Island's state minority health general revenue account. While some funding sources are more flexible, others might require more nuanced strategies to access. For example, one thing RIDOH has done is to carve out a small portion of the indirect rate that it can take on federal grants to help create unrestricted funding that can support HEZ infrastructure and operation costs. Similarly, RIDOH partnered with one of its sister state agencies to set aside 10% of the project-based funding it planned to award to the HEZs to support general infrastructure costs.

Beyond funding sources that your department already has access to—or funders that your department already has a relationship with—when braiding funding for your HEZ-like initiative, you will also likely have to pursue new sources of funding. New sources of funding can come from state or federal grants and pools of money that your department has not had access to in the past. Your department's finance experts will be able to assist you with identifying and applying for new sources of funding that will be compatible with an HEZ-like initiative. Ideally, health departments will focus on seeking out funding sources aligned with the four key components of the HEZ model. In Rhode Island, RIDOH leadership and the

HEZ program manager also play a big role in forging relationships with potential funders and seeking out opportunities to raise the visibility of the initiative with both local and national funders. One consideration that departmental leadership should be aware of when examining funding opportunities is whether the new funder's reporting requirements align with an HEZ-like initiative's unique operational structure. It may require some negotiating and creativity to find a solution that works for both funders and the dedicated HEZ staff at your department. In pursuing new sources of funding, there is a role that your state or local health department will have to play in convincing funders to invest in the model. Health department leaders will have to ask funders for what they need.

Step 2: Funding HEZ Infrastructure and Operations

The individual community collaboratives that form the core of your HEZ-like initiative will require two types of funding: infrastructure funding and project-based funding. This step will discuss infrastructure and operations funding for the community collaboratives, while step 3 in this chapter will cover project-based funding.

Infrastructure funding for the HEZ collaboratives is essentially an investment in the place-based community organizations that comprise each collaborative. By investing in these local level organizations, your department is trusting the HEZ model's premise that community leadership is the best approach to sustainably reducing health inequities over the longer term. Infrastructure funding for the HEZ collaboratives frees up capacity and staff time to work on implementing the health equity-promoting projects chosen by the local communities. As the HEZs grow, the hope is that infrastructural investments in the early years of the initiative will provide a foundation for expansion and financial independence down the road.

Although each individual HEZ collaborative will have its own specific infrastructure needs, there are some common infrastructure needs that will be shared by most, if not all, HEZs. In the first year of the initiative, the HEZs will need infrastructure funding for building or expanding their community collaboratives, for conducting the community assessment and prioritization process, and for developing their action plans based on the assessment and prioritization process results. (See Chapter 2 for more information.) From the very beginning, the individual HEZs will also need infrastructure funding to hire and pay HEZ-specific staff at each collaborative's backbone organization, such as project coordinators and financial administrators. Infrastructure funding can also be used to pay outside contractors within the HEZ collaborative. Finally, the HEZs will need infrastructure funding to sustain community engagement in all aspects of the initiative. This may be as simple as providing stipends to community members for their input and expertise or reserving space for facilitated community meetings.

For RIDOH's HEZs, infrastructure funding also covered:

- Rent and utilities for office space
- External consultants
- In-state travel
- Office supplies
- Meeting expenses

See the Appendix for an example of how one individual HEZ has budgeted for infrastructure expenses.

Step 3: Funding HEZ Priorities and Implementation

After developing their action plans at the end of year 1, the HEZ collaboratives are ready to begin implementation of the action plans in years 2 and 3. This means that they will need funding for implementation of the action plan initiatives chosen by the collaboratives through the assessment and prioritization processes. To support this crucial part of the HEZ process, your state or local health department will match available funding sources to the chosen implementation projects. RIDOH achieved the necessary flexibility for implementing HEZ action plans through the braided funding approach mentioned earlier in this chapter. Trust for America's Health (TFAH) succinctly explained the advantages of braided funding in its 2020 issue report:

> "… initiatives that enable working across sectors could benefit from program guidelines that allow for the braiding and blending of funds. Braiding refers to coordinating funding and financing from several sources to support a single initiative or portfolio of interventions (usually at the community level). Braiding keeps funding/financing streams in distinguishable strands, so each funder can track resources."

Because of the complexities of federal and state funding requirements, there will always be some level of negotiation between community-identified initiatives and the reality of available funds. It is important to acknowledge that this negotiation exists, even in well-resourced states and localities. Honest and clear communication with community members and leadership about funding parameters and availability will help maintain a healthy relationship between HEZ communities and your state or local health department. Braiding funding is the best approach RIDOH has found that can meet community needs and preferences, and truly deliver on the promise of community leadership for the HEZ initiative.

Project implementation funding is a direct investment in community health and empowerment. In Rhode Island, contracts with the individual HEZs run from July 1 to June 30 of the following year, in line with the state fiscal year. RIDOH requires HEZ budgets to be updated annually and typically reviews and adjusts funding levels for each HEZ after assessing and matching community needs and priorities with available sources of federal and state funding. Individual HEZs have contracts for four to five years at a time, thereby increasing organizational stability, with semi-annual evaluations and updates to the action plan. RIDOH renews HEZ contract agreements annually. In addition, RIDOH offers new funding through contract modifications as opportunities become available throughout the contract period. As the initiative has grown and matured, RIDOH has improved its process for projecting budgetary needs and availability for the individual HEZs.

In Rhode Island, there are several different ways that RIDOH HEZ staff work to match community-identified priorities with available sources of implementation funding. As the HEZ model has gained traction, many program staff at RIDOH and its sister state agencies have expressed interest in funding Rhode Island HEZs for programmatic work. HEZ staff play an important role in encouraging their colleagues to design funding opportunities that are responsive to the key components of the HEZ model. For example, HEZ staff worked with RIDOH's tobacco control and overdose prevention programs to solicit feedback from HEZ communities on how to design their requests for proposals to best serve the needs and interests of local communities. RIDOH HEZ staff also play a key role in facilitating relationships between individual HEZs and potential sources of funding to address priorities identified in their action plans. For example, RIDOH HEZ staff partnered with the department's climate change program to solicit applications and award mini-grants to HEZs

interested in working on environmental justice and climate resilience initiatives. Outside the department, RIDOH has connected HEZs interested in addressing housing as a determinant of health with the stakeholders involved in drafting a housing bond for the state ballot. As a result of this connection, HEZ collaboratives were able to provide input on how to structure the bond and who should be eligible for funding if it passed. Further, as a core part of the HEZ initiative's sustainability strategy, RIDOH encourages both internal and external funders to allow a portion of their project budget to support the HEZ infrastructure. This is an example of how RIDOH is working to shift investments away from siloed programmatic efforts and toward community investment. Throughout this work, RIDOH's HEZ fiscal liaison helps capture the "whole world" of funding that RIDOH has available for programmatic work, while the HEZ program manager and project officers help HEZs make connections to additional sources of funding outside the department.

Your state or local health department is welcome to tailor and adapt RIDOH's implementation funding practices to the requirements of your own HEZ-like initiative. RIDOH creates a customized invoice template for each HEZ collaborative and requires the submission of monthly invoices with supporting documentation of staff time expenditures, purchasing receipts, and other payments. RIDOH also sets up an invoice tracking and spending template for each HEZ, compares actual monthly expenditures against budget line items, and closely monitors the spending and remaining balance for each HEZ.

Funding Your Department HEZ Team

Besides infrastructure and project implementation funding for the individual HEZ collaboratives, your state or local health department will also have to fund a dedicated HEZ support team within the department. This department team will likely vary in size depending on how many HEZs your initiative serves, and on available funding and resources.

As described in Chapter 1, crucial personnel on your health department team will likely include a program manager, project officers, a fiscal liaison, an evaluator, a communications lead, a training and technical assistance manager, and a project coordinator. Your state or local health department should strive to hire as many full-time, dedicated HEZ support staff as possible to help get the initiative off the ground and ensure long-term stability and success.

One of the lessons that RIDOH learned about hiring dedicated HEZ department staff is that funding for staff should come from unrestricted sources and not from programmatic funding. Like funding for HEZ infrastructure and project implementation, these unrestricted funding sources can also be braided to give department staff maximum flexibility to do their jobs, keep the initiative running smoothly, and support the unique needs of the HEZs.

In Rhode Island, departmental HEZ staff are funded through a mix of federal and state sources. The federal sources include a Maternal and Child Health Services Block Grant, a Preventive Health and Health Services Block Grant, a Medicaid Match Grant, and a Preschool Development Grant. State-level sources of funding include Rhode Island's state minority health general revenue account and the state's indirect restricted account. RIDOH HEZ staff also receive some foundation grant funding as well. Over time, the aim is to demonstrate the value of the HEZ model, encouraging further equitable local, state, and federal investment in community-led initiatives.

Chapter 4: Training and Technical Assistance

Ongoing Guidance for an Innovative Process

As Health Equity Zones navigate the process of building their collaboratives, conducting their community assessments, developing and implementing their action plans, and evaluating their impacts, ongoing training and technical assistance provides support and guidance in order to maximize efforts. Since the HEZ model challenges existing systems and funding practices to create an innovative structure for community ownership and decision making, the RIDOH HEZ team seeks to ensure that each HEZ collaborative has the skills and capacity to play a leadership role in the decision-making process impacting its respective community. RIDOH supports the work of individual HEZs through a robust training and technical assistance program that includes one-on-one technical assistance and opportunities for peer learning and sharing. The strategic purpose of Rhode Island's HEZ training and technical assistance program is to build community capacity in order to shift decision-making power from the state to the community. By increasing community capacity across the state, strong leadership emerges from communities that have traditionally been underserved. In addition to supporting HEZs with their day-to-day work, this program serves to bolster the partnership that exists between RIDOH and the HEZs.

Training and technical assistance will no doubt be an important component of your HEZ-like initiative. This chapter reflects RIDOH's experiences and lessons learned from facilitating training and technical assistance for and among HEZ collaboratives. As with all aspects of your HEZ-like initiative, you will probably have to tailor and adapt RIDOH's practices for the community circumstances in your own jurisdiction. In Rhode Island, RIDOH often delivers requested training and technical assistance to HEZ collaboratives and community organizations. At the same time, RIDOH also often helps facilitate training and technical assistance *among* HEZ collaboratives, usually with an established HEZ collaborative sharing its expertise with newer, less established HEZ collaboratives. This model of training and technical assistance is a primary way that your HEZ-like initiative can deliver on the promise of community leadership and decision making—one of the four key components of an HEZ-like initiative.

The RIDOH HEZ training and technical assistance program differs in comparison to traditional training and technical assistance, as it evokes the guiding principles and core components of the HEZ model. Since HEZ is a community-led initiative, RIDOH's HEZ team recognizes that providing guidance and knowledge unidirectionally, from the health department to the HEZs, would fail to capitalize on the rich collective knowledge and experience of HEZ

collaborative members. Instead, the RIDOH HEZ training and technical assistance program practices a mentorship model to help guide HEZ collaboratives through the outlined steps in order to address root causes of health inequities through community leadership.

Following a mentorship approach, RIDOH's HEZ team acts as a facilitator and organizer for co-learning and sharing opportunities, and the HEZ project officers serve as community liaisons between RIDOH and the HEZs. The project officers provide ongoing support to all the Health Equity Zones as they develop, implement, and evaluate their HEZ action plans, and encourage HEZs to focus on upstream initiatives that address social determinants of health in their communities. Since public health initiatives are often programmatic in nature, many participants drawn to HEZ work may be accustomed to working from that framework. Project officers and longer-established Health Equity Zones can provide continual assistance for adapting to and working within this innovative paradigm.

Two Important Principles for HEZ Training and Technical Assistance

RIDOH uses several different strategies and models to support HEZs in achieving their goals. In terms of strategies, the HEZ initiative draws heavily on collective impact and community engagement strategies.

- **Collective impact** strategies are used to establish partnerships with community and public organizations to leverage each other's strengths and resources; to develop and agree on shared goals and outcomes for the community, rather than for individual agencies; to foster close ties with grassroots organizations, schools, and government agencies forged to initiate and organize programs that will benefit the place/community; and to ensure the work of all partners is mutually reinforcing (i.e., each partner should do the work it excels at in a way that supports and is coordinated with the efforts of the other partners and works towards the community's shared vision.)
- **Community engagement** strategies are used to actively engage residents in the geographic area and assure that diverse racial and ethnic groups, individuals with disabilities, youth, older residents, and others have a meaningful participation in the collaborative.

As outlined In Chapter 2, backbone agencies serve as administrative centerpieces for each Health Equity Zone. As such, ensuring that training and technical assistance is guided by the needs and wants of the entirety of the HEZ collaboratives, and not just the motivations of the backbone agencies, is an integral guiding principle of the RIDOH HEZ training and technical assistance program. HEZ project officers will have to work with collaborative members and backbone organizations to ensure that training and technical assistance is being conducted with these two important principles in mind.

Core Aspects of a Training and Technical Assistance Program

Training and technical assistance for an HEZ-like initiative should be geared towards meeting the specific and varied needs of the individual HEZ collaboratives, and towards strengthening the entire initiative. In Rhode Island, RIDOH developed multiple avenues for training and technical assistance, with the express goal of meeting HEZs where they are in their own

development process. The remainder of this chapter will further explain the avenues for training and technical assistance introduced here.

- **Creating a cohort:** HEZ collaboratives are served by understanding that they are part of a larger HEZ community, and by learning from their peer collaboratives.
- **Learning Community events:** These large meetings allow for peer learning and knowledge sharing across the initiative, and for the HEZ collaboratives to connect with external departments and institutions.
- **Inter-cohort mentorship opportunities:** Older, more established HEZ collaboratives can provide valuable expertise and guidance to newer collaboratives.
- **Communities of Practice:** These workspaces allow HEZs to connect about specific topic areas that are not a good fit for Learning Community events.
- **Supplemental technical assistance:** RIDOH curates and publishes a monthly newsletter that highlights HEZ accomplishments and connects collaborative members with external trainings, webinars, resources, and opportunities.
- **Consultant contracts:** When required, HEZ collaboratives can hire external consultants to help them build capacity or implement action plans.

Creating A Cohort: The HEZ Learning Community

RIDOH's flagship training and technical assistance event is our HEZ Learning Community, which convenes initiative stakeholders on approximately a quarterly basis. HEZs in Rhode Island must actively engage in the Learning Community events, as stipulated in their RIDOH contracts. The purpose behind this contractual obligation is not to force an undue burden on the individual HEZs, but rather to encourage collaboration and knowledge sharing between the individuals and organizations who participate in the wider initiative. Participation from a diverse array of initiative stakeholders is necessary for the creation of a healthy, growing HEZ initiative, and for fostering a sense of community among cohort members. In Rhode Island, RIDOH strives to actively involve the HEZ collaboratives in planning, leading, and facilitating many of the sessions at the Learning Community events, and HEZs welcome the opportunity to provide leadership.

The Learning Community is designed to provide HEZ collaborative members with the skills, tools, and information they need to effectively address inequities that arise from the social determinants of health. Through the Learning Community events, HEZ collaboratives receive training and technical assistance from RIDOH, from other HEZs, and from outside experts in a dynamic, interactive environment. Presenters at Learning Community events are instructed to incorporate the core principles of adult learning into their presentations and activities: active engagement of listeners, leveraging of knowledge and experience, and the use of practical, hands-on activities.

In addition to utilizing internal and external subject matter experts, Learning Community sessions draw on the knowledge base of HEZ collaboratives through peer-to-peer mentoring. RIDOH strives to engage HEZs in large-group presentations and discussions, as well as action-based learning in small workgroups, where they problem-solve by sharing their expertise, experiences, successes, and lessons learned. Learning Community events also provide HEZs with informal networking opportunities with peers, programs, and potential funders. Additionally, the Learning Community serves as a forum for HEZs to offer feedback to RIDOH about challenges and to discuss strategic direction. Whatever unique set-up and needs your HEZ-like initiative has, creating an analogous event to the HEZ Learning

Community will likely serve the long-term success and sustainability of your initiative. Regular contact and feedback between HEZ collaboratives and your department team is crucial for allowing the initiative to strengthen and grow.

Learning Community Events

RIDOH curates session topics and formats for Learning Community sessions based on regular assessment of HEZ training needs and preferences, including through annual surveys, facilitated discussions, HEZ project officer and RIDOH program feedback, and responses to previous event evaluations. Based on this input, workshops are developed in partnership with HEZ collaboratives and backbone organizations, relevant state programs and agencies, consultants, statewide organizations, and other stakeholders. One lesson RIDOH learned through this process is to focus on engaging with the HEZ collaboratives during the planning process for trainings and technical assistance, to better meet their needs, cultivate buy-in, and ensure fuller participation in training sessions.

Over time, the Learning Community has become a popular venue for external partners, including potential funders, to share information and to connect with HEZs. In order to be as responsive as possible to HEZ feedback and to provide HEZs with the most relevant information, RIDOH developed different formats to create an appropriate forum for different types of stakeholders. For instance, a partner who wants to share program information with HEZs can participate in a resource table activity; a partner who can help HEZs think through the elements of an action or sustainability plan can present this information to the full HEZ network and hold a facilitated discussion. This kind of forum allows potential funders to interact directly with HEZs to explore how to best align their priorities with the work of HEZ. Learning Community events also create a space for other stakeholders or potential collaborators, such as state agency program managers or community organizations, to connect with HEZ collaboratives and share information about ways to access new resources or opportunities.

In a similar vein, RIDOH also connects state legislators with HEZ community members through Learning Community events and an annual HEZ Advocacy Day at the Rhode Island State House. This allows community members to ask questions and express concerns to their elected officials. It also gives elected officials an opportunity to connect with their constituents around issues of community development and health equity. Your state or local health department might consider hosting similar legislative advocacy events and opportunities for your own HEZ-like initiative.

Inter-Cohort Mentorship Opportunities

Currently, RIDOH's Health Equity Zones are split into two distinct cohorts. Cohort 1 consists of more experienced HEZs, which are further along in the journey of implementing an action plan and growing into a sustainable, self-directed community collaborative. Cohort 2 consists of less experienced HEZs, which are just beginning the process of conducting community assessments and starting work on their action plans. Although HEZs in both cohorts are required to participate in Learning Community events, their respective needs and areas of growth are often different from one another, given that they're at different points in the process of enacting the HEZ model and theory of change.

RIDOH makes additional funding available to HEZs that want to become peer mentors. Applicants do not need to provide workplans for these activities. Instead, RIDOH evaluates

the specific mentorship activities pursued after awarding the additional funds. The additional funding is provided to peer mentor HEZs to compensate for the time, energy, and overall value that is provided by their mentorship role. Mentorship grant recipients must indicate a willingness and ability to lead Learning Community sessions and partner with cohort 2 HEZs that have similarities in population, geography, and/or action plan priorities.

Communities of Practice

Not all HEZ training and technical assistance needs can be met through Learning Community events or through inter-cohort mentorship. RIDOH is currently exploring other platforms for providing support to HEZ collaboratives, including developing Communities of Practice. Communities of Practice are an alternative avenue for knowledge sharing and capacity building among individual HEZ collaboratives that centers on narrow topic areas. These Communities of Practice may focus on shared community priorities between HEZs or can serve as working groups to develop practices and structures for HEZ collaboratives.

For example, in Rhode Island, some Communities of Practice may focus on youth engagement, environmental equity, or housing. Other Communities of Practice may develop capacity for HEZ practices and structures, such as evaluation, communications, and finance reporting. Communities of Practice can include health department staff as well as HEZ collaborative members.

Supplemental Technical Assistance

HEZ collaboratives also have training and technical assistance needs that can be met through external webinars, trainings, events, resources, and opportunities. RIDOH encourages HEZs to receive training and technical assistance from within and outside the initiative. To support this work, RIDOH publishes a monthly newsletter that highlights accomplishments from the individual HEZ collaboratives and connects HEZ collaborative members with relevant training and technical assistance resources that they otherwise might not know about. Within the realities and limits of budgetary restrictions, HEZ collaborative members are encouraged to attend trainings, events, and webinars that they believe will help strengthen their implementation work or improve their structures and practices.

Consultant Contracts

Your HEZ-like initiative will also likely require external consultants to provide expertise and content across a variety of topic areas. Consultants can help strengthen action plan implementation for individual HEZs. They can also help your state or local health department with strengthening its own practices and abilities, or with delivering training and technical assistance to HEZ collaborative members. Consultants can offer a range of crucial skills, from community engagement and qualitative assessment to sustainability and fiscal best practices.

RIDOH contracts with consultants from community organizations and universities to help with the initiative's ongoing training and technical assistance needs. Consultant contracts have also provided RIDOH with greater flexibility in purchasing needed services, including training venues, materials, and additional outside trainers. Consultants allow RIDOH to quickly and efficiently respond to needs and areas of growth identified and driven by the individual HEZ collaboratives.

Chapter 5: Evaluation

What Role Does Evaluation Play for the HEZ Initiative?

When creating an innovative approach to public health prevention, it is crucial to understand if the new approach is having the desired effect on community health and well-being. Throughout the planning, building, and implementation process of creating community-led Health Equity Zones, state and local health departments will be tasked with conducting and guiding various evaluations of the initiative's performance and effectiveness. The purpose of evaluation within the HEZ model is to improve the capacities and practices of individual community collaboratives, as well as to strengthen the overall initiative. Evaluation of the entire initiative should aim to reinforce departmental support systems and boost levels of community representation and engagement. While evaluation can reveal key opportunities for improving your department's initiative, there are some important considerations for the evaluation process.

Evaluations are an opportunity for both department staff and community stakeholders to reflect on the results and outcomes generated from their efforts. Using the information gained from the evaluation reports, project officers can then work with the HEZ collaboratives to revise and improve their action plans and implementation processes. Within the state or local health department, evaluations can help determine if the initiative aligns with the HEZ model, and what improvements can be made to support the individual HEZs. Importantly, evaluation also supports effective communication about the success and importance of an HEZ-like initiative. Effective communication, in turn, plays a key role in supporting overall efforts to sustain and garner support and resources for the initiative. Evaluation is an essential component of any new initiative. Ensuring appropriate support for evaluation from the start will strengthen the overall initiative.

This chapter will cover evaluation priorities, methods, and lessons learned as informed by RIDOH's experiences with their own HEZs. The rest of this chapter will provide further explanation of how evaluation can enhance your HEZ-like initiative and improve the effectiveness of your individual HEZ collaboratives.

Evaluating the HEZ Model

As mentioned in previous chapters, HEZ-like initiatives rest on a unique theory of change about how to reduce health inequities. In brief, this theory of change proposes that a new prevention approach is needed to advance health equity. The HEZ model addresses deep-rooted shortcomings of traditional prevention approaches by increasing community leadership and capacity and aligning funding and community investments. The HEZ theory of

change suggests that, over time, sustainable, community-led prevention efforts will advance health equity more than the traditional, programmatic prevention approach. Evaluations are essential for understanding if the HEZ initiative is truly delivering on its promise of bolstering community empowerment and reducing health inequities.

When evaluating the overall HEZ-like initiative, your state or local health department will have to choose metrics and indicators that it thinks reveal the success and sustainability of the approach. These metrics and indicators will also uncover areas of growth and improvement for both the health department and the HEZ collaboratives. While your department should collect data about health inequities and the social determinants of health in the HEZ communities throughout the planning and building process, statistically significant gains in these areas may take many years to appear. The data collected in these areas during the early years will help establish a measurement baseline against which later results can be compared. More important evaluation indicators during the early years of the initiative are those that deal with how well the initiative aligns with the HEZ key components and theory of change. Evaluations conducted *after* the first few years of the initiative can determine if the model is providing significant advances in health equity.

One area of evaluation that health departments should consider focusing on during the early years of an HEZ-like initiative is community empowerment. There are two related aspects to this in terms of evaluation: Is the initiative truly living up to its promise of community leadership? And are the HEZs getting the resources and support they need to develop into self-sustaining community centers for health and equity? Process measurements and benchmarks for community empowerment will have to reflect both subjective impressions from community members about their role in the initiative, as well as impartial indicators of HEZ funding and infrastructure growth.

Health departments will also want to devise methods for evaluating if the HEZ collaborative's membership meets expectations and standards for diversity, given the composition of the community it serves and represents. HEZ collaboratives and their leadership should comprise individuals from different backgrounds and cultures, and stakeholders from a multitude of sectors and industries. Evaluations of diversity can help nudge the overall initiative towards greater inclusivity and more diverse representation—both crucial preconditions for generating the community buy-in necessary for long-term success.

Evaluating the Individual HEZs

Similar to how pursuing an HEZ-like initiative will require changes in how your state or local health department embraces and operationalizes health equity, evaluating your HEZs will differ significantly from common evaluation practices for traditional, programmatic public health work. HEZs are a long-term investment, and their impact on health inequities will not necessarily appear within the limited timeline of a traditional grant cycle. During the building phase of the initiative, formal evaluations of individual HEZs should primarily focus on understanding if they are following the key components of the model. The community collaboratives need time and space to grow and build capacity on their own terms, and evaluations conducted during this phase of the initiative should keep these possible growing pains in mind.

Because each HEZ community determines its own priorities and action plans, there are no common initiative-wide outcomes that can be used to evaluate performance and effectiveness. Instead, the individual HEZ collaboratives should evaluate their own performance and effectiveness based on the priorities and strategies identified in their unique action plans. This is the primary question for evaluating action plans: Are the individual HEZs pursuing the work that they outlined in their action plans? If the evaluation process reveals a significant departure from the action plans, HEZ stakeholders would likely benefit from providing a detailed explanation for the change in approach. The department's HEZ team can help the individual HEZs understand how to improve their work based on the results from periodic evaluation.

Individual HEZs can also evaluate how well their work is meeting the key components of an HEZ-like initiative—most importantly **health equity** and **community leadership**. In particular, the HEZs should be encouraged to evaluate if health equity principles guide their collaborative membership, practices, and work priorities. With regards to community leadership, the HEZs should devise evaluations to understand how well the HEZ collaborative represents the local community. Are the population groups most affected by health inequities truly part of the decision-making process? What standards have been set for inclusion and outreach efforts? Evaluations for these two key components can nudge the individual HEZs toward greater fidelity to the HEZ model, and help ensure success, stability, and high levels of community support and engagement for the individual collaboratives.

RIDOH encourages the HEZs to evaluate their work, funding, and collaborative growth on a quarterly basis, with formal progress evaluations conducted annually in tandem with department staff. Informal evaluative check-ins take place on an as-needed basis. Your state or local health department will have to consult with the individual HEZs to put together an agreed-upon timeline for periodic formal and informal evaluation. Department staff should strive to make the evaluation process productive and informative, not burdensome for the HEZ collaboratives. Information collected should be useful and action-oriented, not just collected for the sake of documentation. Rather than ensuring compliance, the purpose of HEZ evaluation is to provide feedback that supports HEZ success. Such feedback should be delivered in a constructive, positive manner to maintain morale and preserve a healthy, supportive partnership between the department and the individual HEZs. Please keep reading for a step-by-step breakdown of how to conduct evaluations.

Step 1: Set Evaluation Goals

For both the overall HEZ initiative and for the individual HEZs, department officials and HEZ collaborative members must identify goals against which evaluation can be conducted. Identifying these goals creates a shared understanding, among all stakeholders, of what they want the initiative to achieve. Goals for the larger initiative will likely directly correspond to the key components or guiding principles that were outlined in the RFP and HEZ applications. Goals for the individual HEZs will focus on operationalizing health equity and community engagement as well as growing the HEZ collaborative and completing work described in the HEZ action plan.

For example, here are goals your state or local health department might set for the overall HEZ initiative:

1. Building a culture of collaboration and collective impact among collaborative members
2. Creating a diverse collaborative for all HEZs
3. Helping the HEZs conduct their work with fidelity to the HEZ model

Examples of evaluation goals set by the individual HEZs might include:

1. Achieving or making significant progress toward action plan goals over the course of a year
2. Growing the collaborative and making progress towards financial sustainability
3. Engaging residents in all aspects of their work

Step 2: Identify Evaluation Outputs

Next, HEZ stakeholders, department staff, and evaluators will identify evaluation outputs that correspond to their evaluation goals. Outputs are what goals look like once they're achieved. Outputs for the overall initiative might look like:

1. A high perception of trust and collaboration among collaborative members
2. Increased diversity among all HEZ collaboratives
3. A strong understanding of and adherence to the HEZ model throughout the initiative

Examples of evaluation outputs for the individual HEZs might include:

1. Successful completion of action plan goals for a particular time period
2. An increase in the number of collaborative stakeholders and funding sources
3. Resident involvement in assessment, planning, and implementation stages of work

Step 3: Select Evaluation Process Measures

After identifying evaluation outputs, next, department staff and HEZ stakeholders will select process measures that align with their stated goals and outputs. Process measures are almost always expressed in terms of a percentage or absolute number. Process measures for the overall initiative might look like:

1. A percent of HEZ collaborative members that report experiencing trust, collaboration, and effective communication during work
2. The number of sectors represented in the initiative as a whole

3. The percent of action plan projects directly addressing health inequities or the social determinants of health

Process measures for the individual HEZs might include:

1. The percentage of action plan projects completed on time
2. The number of new stakeholders and funders for an individual HEZ
3. The percent increase in residents engaged during different stages of work

Step 4: Establish Feedback Collection Methods

In most cases, feedback collection methods will take the form of annual or quarterly surveys. In Rhode Island, health department staff conduct surveys of the overall HEZ initiative while HEZs conduct surveys of their individual collaboratives, often with guidance from RIDOH staff. Some sources of evaluation data may come from outside agencies or foundations, especially for collecting data about long-term improvements in population health or health inequities.

Keep in mind that you may need additional information for grant reporting purposes that is not included in your evaluation measures. Asking your HEZ collaboratives for any necessary information up front can ease the reporting burden on them. In Rhode Island, RIDOH utilizes data from a variety of sources to fulfill reporting requirements from government and philanthropic partners that are contributing funding for the HEZ initiative. We have also found presentation and summary formats to be most helpful in communicating findings efficiently.

Step 5: Set Evaluation Benchmarks

Evaluation benchmarks are specific numbers or percentages that signify success. For instance, "50% or more of initiative members reporting high levels of trust, collaboration, and effective communication." Another example might be "a 25% increase in the number of unique individual residents engaged during the assessment, planning, and implementation stages of work."

These benchmarks relate directly to the process measures described in the previous steps in this chapter, and indirectly to evaluation goals and outputs. Benchmarks are not set in stone and should be adjusted to reflect changing conditions and priorities for both the individual HEZs and the overall initiative.

Conclusion: Sustainability and Health Equity Zones

Sustaining the Four Core Components

Congratulations! You're almost finished reading this toolkit. Though it may not feel like it, you are well on your way to establishing an HEZ-like initiative in your state or locality that will serve the immediate and long-term interests of your community members. It can be easy to get caught up in the details of creating and running a successful Health Equity Zone initiative, with so many important considerations to keep in mind—considerations like building a team, creating HEZs, finance, training and technical assistance, and evaluation. This concluding chapter will revisit the basics of what it means to establish Health Equity Zones, the four key components of an HEZ-like initiative, and how RIDOH's HEZ model and theory of change address the shortcomings of traditional public health prevention approaches. In this conclusion, we will revisit these basics through two guiding questions: What does it take to sustain Health Equity Zones beyond the first few years of the initiative? What do sustainable HEZ collaboratives look like in practice?

As we discussed in the introduction, there are two primary, large-scale problems that an HEZ-like initiative tries to solve. The first is that not enough health resources in the United States are devoted to public health work in general. Instead of intervening upstream, to confront the social determinants of health, most of the health spending in the United States is on treatment and care—after people have already gotten sick. The second problem is that, of the sliver of health resources that *are* devoted to prevention work, these limited resources are not being applied in a manner that produces sustainable gains in health equity. The funding cycles, departmental structures, community engagement techniques, and programmatic approaches that characterize traditional public health prevention work are, in many ways, a hindrance to reducing health inequities. Creating an HEZ-like initiative admittedly requires a disruption to the public health status quo and will likely be met with uncertainty and discomfort. RIDOH's HEZ initiative is a direct attempt to resolve the inefficiencies inherent in traditional prevention work and thereby create measurable, sustainable gains in health equity at the state and local levels.

Whether in Rhode Island or elsewhere, Health Equity Zones are a (1) **health equity-centered** approach to prevention work that leverages (2) **place-based**, (3) **community-led** solutions to address the (4) **social determinants of health.** RIDOH believes that these four key components are indispensable for doing prevention work in the 21st century. Failure to embrace and enact any of these four key components in your HEZ-like initiative will likely threaten the success and sustainability of your investment in community empowerment.

- **Health equity** must be more than just a departmental buzzword; it must inform and guide structure and practice within the wider initiative. Equity considerations must be forefront in all decision-making and prioritization processes, including in selecting the geographic places that will become Health Equity Zones. Operationalizing health equity across the initiative and soliciting consistent feedback from community partners are crucial for sustaining the initiative beyond the initial grant cycle.
- **Place-based** means that your state or local health department is committed to providing resources and support to specific regions, and sustaining that commitment far beyond the scope of a typical grant cycle. Health outcomes are closely correlated with conditions in the places where people live. Any successful prevention effort must confront environmental factors that contribute to health inequities.
- **Community leadership** and empowerment is, besides health equity, the most important of the four key components. If community members aren't driving decisions within the initiative, and their voices and opinions and insights aren't being heard, then they will not invest their continued time and effort in the initiative. Sustainability of the whole initiative hinges on delivering on the promise of true community empowerment and engagement.
- Finally, communities must be guided to choose action plan projects that address the **social determinants of health**, so that their efforts and investments produce health equity gains. Downstream interventions represent a significant departure from the HEZ model and theory of change and will not produce sustainable, long-term gains in health equity.

Sustainability from the Outset

RIDOH's distillation of successful, sustainable prevention work into the four key components reflects many years of learning and development. Despite the relative stability of RIDOH's HEZ initiative in the present day, the department was not always overwhelmingly successful with its community-led prevention efforts. RIDOH's precursors to HEZs, the Centers for Health Equity and Wellness (CHEW) initiative, which operated from 2012 to 2015, did not truly deliver on the promise of community leadership and power-sharing, leading to reduced buy-in and engagement from community members. As such, the CHEW initiative did not produce measurable improvements in health equity and did not prove sustainable beyond the initial few years of planning and funding. What RIDOH learned from the CHEW initiative is that community leadership is nonnegotiable for the sustainability of prevention approaches. In fact, all four key components are crucial for making sustainable improvements in health equity at the community level. RIDOH is still learning how to best support these four key components, but what is most important is that we remain committed to continuously improving, that we remain humble, and that we listen to our partners, because they know what needs to be done.

Another lesson that RIDOH learned from CHEW and from the early years of the HEZ initiative is that sustainability must be built in from the outset. This emphasis on sustainability is important for both the individual HEZ collaboratives and for the overall HEZ initiative's structures and practices. Respondents to your HEZ request for proposals (RFP) should include a vision for how their HEZ collaboratives could achieve financial and operational sustainability down the road. Of course, how a collaborative achieves sustainability will differ significantly from the vision outlined in the RFP, since there will be many intervening years and changes between that initial vision and when the collaborative achieves sustainability

and relative self-sufficiency. For the initiative as a whole, sustainability from the outset means understanding how staffing, application, evaluation, finance, and reporting processes and decisions in the early years establish a foundation for long-term sustainability. We'll further discuss these areas later in this chapter.

Finally, it is worth mentioning the role of departmental leadership in ensuring initiative sustainability from the beginning. RIDOH's HEZ team is very lucky in how much support RIDOH's leadership and directors have given the initiative. In terms of organizational structure, the HEZ initiative sits within RIDOH's Health Equity Institute, which itself sits directly under the Office of the Director of Health. This gives HEZ staff direct access to RIDOH's director and deputy director. RIDOH's leadership believes strongly in health equity, and in incorporating equity considerations into all aspects of the department. Creating an HEZ-like initiative in another state or locality would probably be more difficult without an equity-first approach from departmental leadership. Remember that your HEZ-like initiative exists foremost to empower communities and move the needle on health equity. Departmental leadership can greatly help an HEZ-like initiative by instilling health equity as a guiding principle for departmental practices and priorities from the get-go.

The Importance of Communicating Your Story

When advocating for your HEZ-like initiative, departmental leadership will be required to communicate clearly and effectively about the initiative, what it is, and what it aims to accomplish. Depending on the audience that leadership is addressing, this can be a somewhat difficult task. Audiences that are unfamiliar with any of the four key components may struggle to comprehend what makes an HEZ-like initiative unique and worthwhile. They may not understand why they should support and fund community empowerment approaches to prevention work and reducing health inequities, which could potentially undercut the initiative's long-term sustainability. Departmental leadership therefore must rely on strong, succinct communications and storytelling practices to convince important audiences—like funders and government officials—of the initiative's efficacy, logic model, and theory of change.

In Rhode Island, RIDOH's director often advocates on behalf of the HEZ initiative to state officials and to the governor. Through this role, the director helps connect other state-level departments—such as the Departments of Children, Youth, and Families; Education; Environmental Management; and Transportation—with the individual HEZ collaboratives and with the RIDOH HEZ staff. By promoting this type of cross-agency collaboration, the director can help nudge other agencies towards addressing the social determinants of health that produce unjust health inequities. For these other government departments, the HEZ collaboratives are, in effect, a readymade infrastructure for partnering with communities and community leaders to do upstream prevention work that aligns with their missions and priorities. Partnerships between HEZ collaboratives and other government departments can help ensure the sustainability of the HEZ collaboratives as they grow and build capacity to address a diverse range of social determinants of health.

Within your HEZ team, your communications liaison—or communications team if you're lucky enough to have that level of staffing—will likely produce external-facing communications to educate the media, the general public, and taxpayers about the HEZ initiative. Communications liaisons also play a key role in equipping HEZ collaborative members, including backbone organization staff, with the communications tools and know-how that they need to communicate about their work and about the initiative more

broadly. It is important that department communications staff do not dictate messaging for the HEZs and adhere to the key component of community leadership and self-determination that allows communities to shape their own content and messaging. That said, department communications staff can and should *suggest* messaging and talking points that the HEZ collaboratives can choose to use and adapt. This is especially true for when the HEZ collaboratives communicate about the goals and processes of the wider HEZ initiative. Developing the communications capacity of the individual HEZ collaboratives is crucial for putting them on a pathway to future growth and sustainability. A HEZ that can effectively communicate and tell its own story to attract new sources of funding will be better positioned for growth and sustainability than a HEZ that lacks that capacity and skill set.

Lastly, communications also play an important role in cohering and coordinating the disparate components of HEZ initiatives. RIDOH communications staff send out regular newsletters to the HEZ collaboratives, connecting them with training and peer learning opportunities. Communications within the initiative help create a sense of community and mutual support among HEZ collaboratives that otherwise might not interact with one another—besides through mandatory community learning events. Ideally, HEZ collaboratives would distribute periodic messaging about the wider HEZ initiative, and not just about their own work and action plans, although it may take some years to develop this level of communications capacity. Creating an initiative-wide sense of community among department staff, collaborative members, and residents will help create a strong brand for the wider initiative and position the constituent HEZ collaboratives for enduring sustainability and success.

Sustainability and Chapters 1–5

Sustainability considerations pertain to all the different aspects of an HEZ-like initiative, including for the topics discussed in the interior chapters of this toolkit. This sub-section will briefly cover what sustainability entails for each of those chapter topics.

Chapter 1: Building a Team

This chapter primarily focuses on evaluating and reorganizing your state or local health department to fully embrace and operationalize the four key components of an HEZ-like initiative. Moving forward, your department team should consistently evaluate how well its own structures and practices align with the HEZ theory of change expressed in the four key components. What improvements can be made to create a sustainable initiative to reduce health inequities? How will you fund and hire new members of your HEZ team that can help advance health equity? What efforts can be made to hire from within communities served by HEZs? How can budgets be amended to sustain full-time positions?

Sustainability also means expanding the principles of health equity and community leadership outside of your HEZ team, including training other state or local government agencies about equity-informed work.

Chapter 2: Creating HEZs

This chapter walks readers through the steps of building HEZs from the ground up, starting with issuing a request for proposals (RFP). It emphasizes the importance of basing your HEZ-like initiative on community empowerment and place-based interventions. In terms of sustainability, if everything goes well, your state or local health department will likely create

multiple cohorts of HEZs, which will launch several years after the initial pilot cohort. Having different cohorts of HEZs will help strengthen and sustain the wider initiative, with more mature collaboratives providing guidance and peer learning to newer collaboratives. The ultimate, long-range goal for an HEZ-like initiative may be to open and sustain an HEZ in every community within your jurisdiction, as appropriate.

Once existing HEZs complete their action plan goals, they must apply for a subsequent round of funding and create another, new action plan. The transition from one action plan to another provides an opportunity for HEZ and health department staff alike to evaluate their processes and expansion goals with the four key components in mind. How can that particular HEZ collaborative do a better job of adhering to the HEZ model and theory of change? This transitional period is also an opportunity to strengthen and build capacity for the backbone organization at the core of each collaborative.

Chapter 3: Finance

The finance chapter delineates the steps necessary for funding department staff and the HEZ collaboratives. Financial sustainability for your department HEZ team means finding and securing dedicated, flexible sources of funding from state or federal grants or other sources. Departmental leadership may need to advocate to state and federal officials for increased flexibility in existing funding sources, since those funding sources may be too restrictive for the department's needs. Both health departments and community organizations could benefit from the greater availability of unrestricted or flexible funding, and a long-term goal of funding shaped around place-based community needs and priorities.

Similarly, financial sustainability for the HEZ collaboratives means building capacity so that the HEZs can secure external funding sources for themselves. To this end, among other areas, HEZs may need support with increasing their grant-writing, communications, and storytelling abilities so that they can effectively tailor their efforts to appeal to different types of potential funders.

Chapter 4: Training and Technical Assistance

Sustaining training and technical assistance efforts within your HEZ initiative largely means finding ways to address the specific needs of the HEZ collaboratives that are not met by Learning Community events. RIDOH is hoping to increase the number of HEZ Communities of Practice in coming years to give HEZs the focused, sustained, topic-specific training that they need. Training and technical assistance sustainability also means getting new staff up to speed if there is turnover among health department or HEZ staff members.

To help grow and sustain the initiative, training and technical assistance will likely focus on four core areas: (1) job training and capacity building for HEZ staff members, (2) subject matter training for department and HEZ staff so that they can better understand the specifics of equity-informed prevention efforts, (3) peer-to-peer learning opportunities that can allow for inter-cohort knowledge sharing, and (4) fostering a culture of shared learning between the community and the state or local department of health.

Chapter 5: Evaluation

Evaluation practices are crucial for documenting the efficacy of the HEZ model, and for understanding if individual HEZ collaboratives are properly implementing their action plans and adhering to the HEZ model's four key components. For sustainability purposes, evaluation benchmarks must be adjusted over time to reflect ongoing successes and failures. Evaluators should be careful to ensure that they are measuring the proper evaluation goals given the status of both the wider HEZ initiative and the individual HEZ collaboratives. Early on, evaluation should focus on process measures rather than health equity outcome measures, switching to health equity outcome measures as the HEZ collaboratives complete multiple action plan implementation cycles. Evaluation plans for the individual HEZs should be adjusted as changes are made to action plan priorities and methods.

Evaluation is also an opportunity to recognize and celebrate the progress made by the initiative and the HEZ collaboratives. Whether or not evaluation reveals statistically significant gains in health equity, it will document the creation of the wider initiative—a ready-made framework for community empowerment and equity-informed prevention work.

Opportunities for Expanding Impact

Ultimately, the HEZ model is all about long-term sustainability. Since traditional prevention approaches largely do not move the needle on health equity, or adequately empower and engage communities that are experiencing health inequities, the HEZ model provides an alternative approach. It is RIDOH's firm belief that HEZ-like initiatives are the way forward for advancing health equity and investing in local communities. State and local health departments must build relationships with communities that last beyond a single grant cycle. They must defer to community leadership and expertise when deciding how to invest their prevention resources in a sustainable, equity-informed way. Yet, even though the HEZ model is predicated on sustainability, it also takes considerable effort and thought to sustain the HEZ model itself.

As we've touched on in previous chapters, RIDOH still has a lot to learn about how best to leverage and grow our own HEZ initiative. There are several opportunities for future expansion that we're excited to share with you. One such area that we mentioned earlier is facilitating relationships between the HEZ collaboratives and other government agencies—like the Departments of Children, Youth, and Families; Education; Environmental Management; and Transportation. Similar to the relationship between RIDOH and the HEZs, the relationship between the HEZs and these other government agencies are also a two-way street. Through the HEZs, communities can access and influence government in ways that they previously could not. And by engaging with the HEZs, government agencies can pursue health equity work in close partnership with the communities they serve: a win-win situation for both groups.

Another opportunity for growth yet to be fully capitalized on by RIDOH is accessing additional sources of funding that have previously been off limits for HEZ. These include federal grants that were too inflexible for HEZ work, Medicaid funding, dedicated funding from within the state budget, and grants from hospital systems. Departmental leadership, the HEZ team's project manager and fiscal liaison, and finance staff from the HEZ collaboratives and backbone organizations will have to work together and invent new ways of accessing these funds. Perhaps now that RIDOH has used the HEZ initiative to distribute significant funding from the CARES Act response to the COVID-19 crisis, new types of funders will begin to appreciate the true potential of HEZ-like initiatives.

A Final Note

The true beating heart of HEZ-like initiatives is community leadership. Without community members and organizations stepping up to create and implement action plans, there would be no Health Equity Zones. Building stronger communities is the primary goal for an HEZ-like initiative. Investment in community growth is more than just a means to advancing departmental goals. True community leadership is the secret ingredient that was previously missing from equity-informed prevention approaches. It is what will make the difference in ensuring that all Americans—regardless of who they are or where they're from—have a fair opportunity to live healthy lives.

Health Equity Zones are a relatively recent idea, with plenty of opportunities for improvement and growth. RIDOH and the community members who lead and work within our HEZ initiative are extremely excited to see what your state or local health department can accomplish with an HEZ-like initiative. Together, we can all begin to guide our communities towards the goal of truly achieving health equity.

Appendix

BUDGET NARRATIVE

Health Equity Zone
July 1, 2020 to June 30, 2021

Personnel $68,288

Strategy Manager 1 **$27,107.00**

$20.79 per hour for 480 hours
$21.41 per hour for 800 hours *(reflective of annual cost of living increase as of 10/1/20)*
The Project Manager is responsible for ensuring grant deliverables are met, including supervising staff, managing subcontracts, coordinating community partners, and completing reporting requirements. The Strategy Manager will co-coordinate the Health Equity Zone Collaborative, managing communication, managing relationships with a minimum of 6 of the 12 paid partners, and co-facilitating Community Action Team Meetings and staffing a minimum of 2 working groups. The Strategy Manager is designated as the Project Director, as required by RIDOH.

Strategy Specialist 1 **$11,105.00**

$20.70 per hour for 73 hours
$21.32 per hour for 450 hours *(reflective of annual cost of living increase as of 8/24/20)*
The Strategy Specialist 1 supports the [name of working group], co-coordinating the group with [name of community organization]. They will support the working group's planning process at the conclusion of the needs assessment, as well as support implementation of the group's plan.

Strategy Specialist 2 **$21,746.00**

$20.60 per hour for 520 hours
$21.22 per hour for 520 hours *(reflective of annual cost of living increase as of 1/1/21)*
The Strategy Specialist 2 staffs the [name of working group]. They will co-coordinate the workgroup with that partner. They will support the final phase of the needs assessment as it relates to the [name of strategy], and will implement or support implementation of all strategy components of the workplan. They will also support the [name of working group] by co-coordinating meetings, supporting the needs assessment in this area.

Director of Prevention **$8,330.00**

$31.35 per hour for 70 hours
$32.29 per hour for 190 hours *(reflective of annual cost of living increase as of 10/15/20)*
The Director of Prevention provides supervision to the Project Director, facilitates collaborative meetings, and provides planning, implementation, and evaluation support across the project. They also provide mentoring and technical assistance to new HEZs as needed, to include meeting with backbone staff, responding to requests for technical assistance via email and phone, and contributing to planning and facilitation of learning community events.

Fringe Benefits $10,665.00

Fringe is calculated at 12% of personnel and includes FICA, Payroll/Unemployment taxes and Worker's Compensation Insurance.

FICA:	6.20%
Medicare:	1.45%
Unemployment/Disability:	3.11%
Workers Compensation:	1.24%

*Employees who have health and dental coverage include an additional 6%: 5% Health, 1% Dental

Consultants $16,558.00

Evaluation Consultant **$6,958.00**

Provide project evaluation support to the backbone agency and HEZ collaborative, to include identifying indicators and appropriate measures to determine overall project success as well as for strategy-specific evaluation. The Evaluation Consultant will also provide mentoring to new HEZs related to evaluation as appropriate. $98 per hour for 71 hours.

Bookkeeping Consultant **$9,600.00**

$80 per hour 120 hours
The Bookkeeping Consultant will work 10 hours per month for nine months on the financial management and monthly invoicing of the entire HEZ department. The increased activity related to the HEZ project requires additional time dedicated each week to ensure accurate, separate records for each of the funding streams.

In-State Travel $1,500.00

Mileage reimbursement for all HEZ staff members calculated at $0.57/mile for 2,631 miles.

Printing/Copying $750.00

Due to COVID-19, our needs assessment timeline has been adjusted out of necessity. As a result, printing expenses have been included in the Year 2 budget.

Supplies $774

Project-Specific Supplies **$500**

Supplies required to implement [name of event] include art supplies, large format paper, markers, labels, etc.

General Office Supplies **$274**

Basic supplies associated with maintaining the HEZ collaborative, e.g. paper, ink, pens, file folders, etc.

Telephone/Internet $3,636.00

Current phone/internet costs are not fully covered under the current contract. The monthly cost of the phone and WiFi at the [name of organization] is $202 per month. Half of the current phone bill is covered under the [name of grant] and we are requesting $101 per month for 12 months or $1,212.00 to maintain this current expense.

The monthly estimated service cost for the [name of HEZ space] is $202 per month for 12 months or $2,420.00.

Facilities/Rental Costs $10,000.00

The [name of HEZ space] provides more space to host community meetings, retreats, support groups, etc. This space will be used for HEZ staff and events only. Rent for the new space is $833 per month or $10,000 per year.

Capital Expenses/Equipment $1,080.00

Water cooler rental and delivery service for two HEZ spaces; $45/month x 2 coolers x 12 months

Other Expenses $2,600.00

Meeting Expense/Food **$1,000.00**

For lunch catering at the [name of event]; calculated at $10 per person x 100 people. All refreshments will meet the RIDOH's Healthy Eating and Events Policy.

Staff Development $1,600.00

To support staff development related to planning, civic engagement, and other skills and knowledge required for successful implementation of the HEZ project.

Subcontracts $33,700.00

[Name of Organization] **$29,700.00**

[Name of organization] will continue the [name of strategy], facilitating a cohort of between eight and ten HEZ residents in a year-round leadership-development and career-readiness training. We designed this program in part to serve as a "feeder program" into our Community Health Worker Fellowship Program. We have learned that the most successful fellows come into the program from a less intensive role that allows them to build skills and confidence. Please note, [name of organization] will be supporting this program with an additional $15,000 to support participant stipends and a resident co-facilitator. Line item budget is included below.

Personnel:	$25,700
Fringe (calculated at 8%):	$2,056
Printing/Copying:	$100
Supplies:	$344
Educational materials:	$1,500

Partner Stipends **$4,000.00**

Stipends for new partners to the Community Action Team, reflective of the expanded scope of work to include [name of strategies].

[Name of organization]:	$2,000
[Name of organization]:	$2,000

TOTAL: $149,551.00

Total In-Kind Contribution: $15,115

Director of Prevention: Salary $5,005; Fringe, 18% $901
Strategy Manager 1: Salary $4,004; Fringe, 12% $480
Strategy Manager 2: Salary $4,004; Fringe, 18% $721

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