



PARTICIPATORY BUDGETING:

A Health Systems Transformation Project Initiative

2024





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ADVANCING HEALTH EQUITY THROUGH PARTICIPATORY BUDGETING

Participatory Budgeting (PB) is a democratic process rooted in social justice in which community members directly decide how to spend part of a budget. Since its beginning in 1989 in Brazil, over 10,000 PB processes have run worldwide. Today, many PB processes happen in large urban areas such as New York City, Chicago, Seattle, and Boston, but PB can also be found in smaller cities, towns, and rural areas.

PB connects residents to public decision-making and involves a series of steps where community members brainstorm ideas and develop those ideas into project proposals. Then, the community-at-large votes on which projects to fund and implement, giving everyone decision-making power over real money. This type of direct community engagement has the unique power to identify and address key barriers to health. Research shows that the PB process:

- Reduces poverty,
- Improves neighborhood conditions and access to public services, sanitation, and health services,
- Reduces child and infant mortality, and
- Fosters community connectedness, increasing life expectancy and resistance to chronic diseases like cancer, hypertension, and heart disease.¹⁻²

Additionally, PB improves civic engagement—one of [Rhode Island's 15 core Health Equity Measures](#). Community members who vote in PB processes are 8% more likely to vote in upcoming elections.³ “Participating in the electoral process by voting or registering others to vote is an example of civic participation that impacts health. A study of 44 countries (including the United States) found that voter participation was associated with better self-reported health, even after controlling for individual and country characteristics”.⁴ This impact demonstrates the power and significance of this work and how inclusive decision-making in resource investment can transform people’s lives.

RHODE ISLAND'S INVESTMENT IN PARTICIPATORY BUDGETING

In 2020, the Rhode Island Executive Office of Health and Human Services (EOHHS), with support from the Rhode Island Department of Health (RIDOH), released its [*Health Systems Transformation Project Social Determinants of Health \(HSTP SDOH\) Investment Strategy*](#)—detailing plans to improve the health and well-being of communities statewide. These plans included a ground-breaking expansion of PB in Rhode Island. With its successful yearly implementation in Central Falls since 2019, Medicaid committed to funding the PB process. This investment significantly extended PB's reach across Rhode Island and is the first of its kind nationally to receive Medicaid funding.

“Participatory Budgeting funds from HSTP will be focused on addressing upstream social determinants of health, while remaining consistent with the obligation to use HSTP funds towards ‘the establishment of Accountable Entities’” noted the plan. “EOHHS and RIDOH recognize that although the healthcare providers and social service providers play a very large role, there also needs to be investments in the communities in which Medicaid members live, pray, and play in order to ensure the success of the AE program and the improvement of Medicaid members’ health outcomes.”⁵

The decision to invest in Participatory Budgeting was also inspired by Rhode Island’s existing community infrastructure—[*Health Equity Zones*](#) (HEZ). HEZs are geographically defined communities with a population of at least 5,000 demonstrating health inequities—or lower health outcomes than other areas throughout the state. These health inequities stem from unfair and harmful conditions caused by systems and policies that lead to adverse health outcomes. Rhode Island had been working on addressing these conditions for years before its 2015 launch of the HEZ initiative. The HEZ initiative is an innovative approach to improving well-being. It brings people together to build strong, resilient communities so all Rhode Islanders have the opportunity to be as healthy as possible, no matter who we are or where we live.

PB requires a fixed sum of money to be budgeted by the community and, where community infrastructure does not exist, the PB process requires additional resources to run the process. HEZs provide community infrastructure, including active community collaborations and resident engagement to support and sustain equity work.⁶ This existing infrastructure streamlined the capacity development process, reducing the timeline and resources needed to launch PB in HEZ communities.

SETTING GOALS

As the design and implementation of the PB process took shape, RIDOH, EOHHS, evaluators, PB experts, and Steering Committee members codified the following PB Goals:

- **Goal 1:** Increase civic engagement among residents who face historical barriers to civic participation.
- **Goal 2:** Foster personal changes in participants' skills, attitudes, and behaviors related to civic engagement and empowerment. Create a more positive perspective around community participation and our shared responsibility to be agents of change.
- **Goal 3:** Develop projects that directly impact low-income communities of color, who are most likely to experience inequity in health outcomes.
- **Goal 4:** Develop projects that will address one or more Social Determinants of Health (SDOH).
- **Goal 5:** Expand the community's definition of health to encompass a holistic understanding of all the factors that contribute to a healthy community.
- **Goal 6:** Increase engagement of healthcare organizations with the HEZs.
- **Goal 7:** Increase adoption of PB by elected officials, government entities, and organizations to equitably allocate public funds.



SELECTING HEALTH EQUITY ZONES

To enact community level change and address health inequities through PB, EOHHS and RIDOH contracted with two HEZs: Central Providence Opportunities (CPO) HEZ–backbone: ONE Neighborhood Builders (ONE|NB), and Pawtucket Central Falls (PCF) HEZ–backbone: Local Initiatives Support Corporation Rhode Island (LISC RI). EOHHS and RIDOH made this selection based upon defined criteria including:

- Demographic characteristics i.e., percentage of residents who identify as Black, Indigenous, or People of Color (BIPOC), median household income, unemployment rate of residents 18 and older, percentage of residents attributed to a Medicaid Accountable Entity, percentage of people younger than age 65 with a disability, and the voter turnout rate in the 2016 federal election.
- Relevant prior experience in engaging community members in collective decision making.
- Ability to collaborate and strengthen their partnership with Accountable Entities (AEs) and the community.
- Potential impact that the PB process will have in their geographic area.

	PAWTUCKET	CENTRAL FALLS	CENTRAL PROVIDENCE
Residents who identify as Black, Indigenous, or People of Color (BIPOC)	51.8%	80.2%	40.7%
Median Household Income	\$50,476	\$32,982	\$47,011
Residents Attributed to a Medicaid Accountable Entity (AE)	30.43%		30.49%
Residents Under Age 65 with a Disability	12.9%	15.1%	11.32%
Voter Turnout Rate in 2016 Federal Election	53%	41.7%	43.22%

PROCESS

July–August
2022

1. Recruitment and Onboarding of Participatory Budgeting Steering Committee

The recruitment strategies for Steering Committee members varied by HEZ. Each HEZ held community information sessions for interested members to learn more about the role of being a committee member. CPO HEZ then did targeted outreach to recruit HEZ resident leaders onto their committee. PCF HEZ put out a public call for people with deep roots in the community.

August–September
2022

2. Development of the “Rulebook”

Each HEZ PB Steering Committee met four times to develop their own rulebook, guiding the implementation of their community’s PB process. Each rulebook contained details about resident participation and project eligibility.

- Pawtucket Central Falls Rulebook: decideri.org/processes/pcf
- Central Providence Opportunities Rulebook: decideri.org/processes/cpo

September–November
2022

3. Collection of Idea

Each HEZ collected ideas on how to improve the health and well-being of their community. Community members were able to submit ideas via stationary boxes at Accountable Entity affiliated clinics, community events, religious and community-based organizations (CBOs), public housing, Town Hall events, and virtually on DecideRI.org.

September–December
2022

4. Recruitment and Onboarding of Budget Delegates

Both HEZs did wide, community-based recruitment, for Budget Delegates. Budget Delegates are community residents who attend a series of meetings to turn collected ideas into concrete project proposals. Eligibility requirements like where they must live, work or go to school, and age requirements to become a Budget Delegate were laid out in the rulebooks. Both HEZs disqualified anyone with a conflict of interest (i.e., anyone that may have had an interest in advocating for a particular organization to be funded were not eligible). CPO delegates had to be at least 13 years old, and PCF’s had to be at least 14 years old. All delegates received a stipend.

January–April
2023

5. Proposal Development

The Budget Delegates met weekly to turn the collected ideas into project proposals with associated budgets. First, the ideas were vetted by RIDOH, EOHHS, and HEZ staff to ensure they met eligibility criteria based on the rulebook and the Health Systems Transformation Project funding stream criteria. Then, the delegates were divided into six committees, each with a thematic focus area and resident facilitator. In these committees, delegates were asked to evaluate and prioritize their list of ideas based on the needs of the community, project impact, and feasibility. Across HEZs, projects were required to meet the following criteria:

- Address SDOH and be inclusive of low-income and BIPOC communities.
- Impact residents across each HEZ (for CPO 02908 and 02909, and for PCF, all of Pawtucket and Central Falls).
- Be accessible to Medicaid beneficiaries.
- Exclude disallowable expenses (i.e., alcoholic beverages, student loan repayment, memberships and subscription costs, the duplication or replacement of services or goods currently available through federal and State programs, and other unallowable expenses).
- Projects could be programs, services, and capital investments in physical and environmental infrastructure.

Budget criteria differed by HEZ based on the available funding and Steering Committee guidance. The CPO HEZ split the funding into “large projects” and “small projects” and ensured geographic equity. The maximum cost for a single large project was \$880,000. \$120,000 was allocated for smaller projects, with a maximum cost of \$30,000 per project. In the PCF HEZ, no single project could exceed \$300,000.

To support project development, Budget Delegates met with content area experts and collaborators, performed their own field research, and utilized project development guidance documents such as a project evaluation matrix. The matrix was one of the multiple tools to support project development and was designed to assess project ideas based on four main criteria: impact on health and wellness, impact on low-income people of color, the degree to which the project addresses an unmet need, and feasibility.

May–June
2023

6. Voting Period

Once the project proposals were developed, the HEZs partnered with the Rhode Island Office of the Secretary of State to develop an official ballot and plan voter outreach opportunities. Voter eligibility was determined by steering committees and designed to be low-barrier and unrestrictive. In PCF, any resident of Pawtucket or Central Falls age 14 and older could vote. In CPO, anyone age 13 and older who lived or went to school in the 02908 or 02909 ZIP codes could vote. In both HEZs, voter registration status, history of incarceration, and citizenship status did not impact eligibility to vote.

Voting took place at large voting events, mobile voting pop-up sites, and stationary sites. This included voting locations at community libraries, public housing developments, grocery stores, food pantries, AE-affiliated community health centers, schools, churches, and more, as well as at home through door-to-door canvassing. For both HEZs, community members could also vote online at decideri.org.

ABOUT THE PARTICIPANTS

Steering Committee

Abstractive artificial intelligence (AI) analysis was used to summarize Steering Committee member responses to the question, *“What are you looking forward to the most about being part of Participatory Budgeting?”* The analysis demonstrated that **“Steering Committee members were motivated by a combination of community-oriented values, a belief in the potential of PB, and the prospect of personal and collective growth.”** Exemplifying this, in Central Providence, one Steering Committee member wrote they were most excited about *“making a collective decision on how to spend funds to improve the quality of life in Ward 12,”* and another wrote, *“I’m looking forward to seeing our work’s results and how this money will positively impact our community.”* In PCF, one steering committee member noted that they were looking forward to *“using skills I have to be a help to my community,”* and another noted, *“learning more about the cities of Pawtucket and Central Falls; feeling like I can contribute to making these communities better places to live, and to connecting people in these communities with each other.”*

The following three themes were generated from this analysis:

1. Community-Centered Commitment

The Steering Committee members are deeply committed to their communities, expressing a strong desire to make positive changes and address issues in their neighborhoods. They value the welfare of their community members and aspire to build healthier, more engaged communities.

3. Belief in Positive Outcomes

The committee members share a common belief in the benefits of PB, with a focus on achieving positive outcomes and ensuring that allocated funds are used effectively for the betterment of their communities. They also value the personal and professional growth opportunities that come with their involvement.

2. Emphasis on Collaborative Participation

There is a clear emphasis on collaboration and collective decision-making. Committee members look forward to actively engaging in the participatory budgeting process, contributing their skills, and fostering open discussions and knowledge sharing among community members.

Steering Committee Demographics

- 3% Non-Binary/Third Gender
- 56% have less than a Bachelor’s Degree
- 53% Hispanic/Latinx
- 75% BIPOC
- 52% ≤ \$49K Yearly Household Income
- 42% Medicaid Members
- 25% Speak Spanish at Home
- 81% 26-64 Years Old

Budget Delegates

Abstractive AI analysis was used to summarize Budget Delegate responses to the question, *“What are you looking forward to the most about being a Budget Delegate?”* The summary demonstrated that the delegates had a **“strong commitment to community engagement”** and a **“desire for community building and improvement.”** Many Delegate responses emphasized the importance of getting to know their neighbors and having an opportunity to learn from one another. One CPO Delegate explained that they were looking forward to *“Conocer más personas, conocer más sobre mi comunidad y aprender [Meeting more people and learning more about my community].”* *“I’m looking forward to meeting new people and hearing about more issues I have not heard about!”* noted another. Abstractive AI also identified that Budget Delegates believed in their own expertise and its value for the process. *“I am most looking forward to learning how to facilitate for PB and being able to use my skills to make a great impact,”* wrote a CPO delegate. *“[I’m] hoping to add some important input [and] ideas to improve quality of living in the community,”* wrote a PCF Delegate.

The following three themes were generated from this analysis:

1. Desire for Community Building and Improvement

Many individuals express a shared desire to collaborate with like-minded individuals to build thriving communities and address specific community issues. They aim to empower their neighborhoods and foster positive change.

3. Empowerment Through Skill Utilization

Participants emphasize the importance of using their skills and knowledge to facilitate participatory budgeting and make a significant impact on their communities. They see themselves as agents of change and value the opportunity to contribute their expertise.

2. Strong Commitment to Community Engagement

The statements reflect a deep commitment to engaging with the community, driving positive change, and actively participating in the Participatory Budgeting process.

Budget Delegates Demographics

- 20% Under 18
- 76% have less than a Bachelor’s Degree
- 61% Hispanic/Latinx
- 75% BIPOC
- 53% ≤ \$49K Yearly Household Income
- 41% Medicaid Members
- 30% Black or African American
- 11.1% No Permanent Address

Idea Submissions

All community members were welcome to submit an idea for improving health in their community including anyone who lives, goes to school, works, prays or plays in each HEZ.

Idea Submissions Demographics

- 65% BIPOC
- 48% Hispanic/Latinx
- 62% < \$25K Yearly Household Income
- 16% Under 18



Voter Characteristics

In Pawtucket and Central Falls, 800 people voted. In Central Providence, 1200 people voted. The data below reflect the responses of people who took the post-vote survey (425 in Pawtucket Central Falls and 312 in Providence).

145

Under Age 18

417

BIPOC

404

Renters

327

≥ 49K yearly household income

258

Medicaid Beneficiaries

	CPO	PCF	Total	%
Gender				
Female	193	263	456	59.1
Male	119	162	281	36.4
Third gender/ Non-binary	15	3	18	2.3
Prefer not to say/ self-describe/other	5	11	16	2.1
Age				
Under 18	19	126	145	19.4
18-25	22	47	69	9.2
26-40	133	92	225	30.2
41-64	99	109	208	27.9
65 and older	34	65	99	13.3
Race and/or Ethnicity				
American Indian or Alaskan Native	4	18	22	3.2
Black or African American	49	102	151	21.7
Asian, Asian Indian, Pacific Islander	11	4	15	2.2
White or Caucasian	184	95	279	40.1
Multi-Racial or Other	67	162	229	32.9

404

Less than Bachelor's Degree

114

Self-Identified as having a Disability

22

American Indian/Alaskan Native

99

65 and Older

51

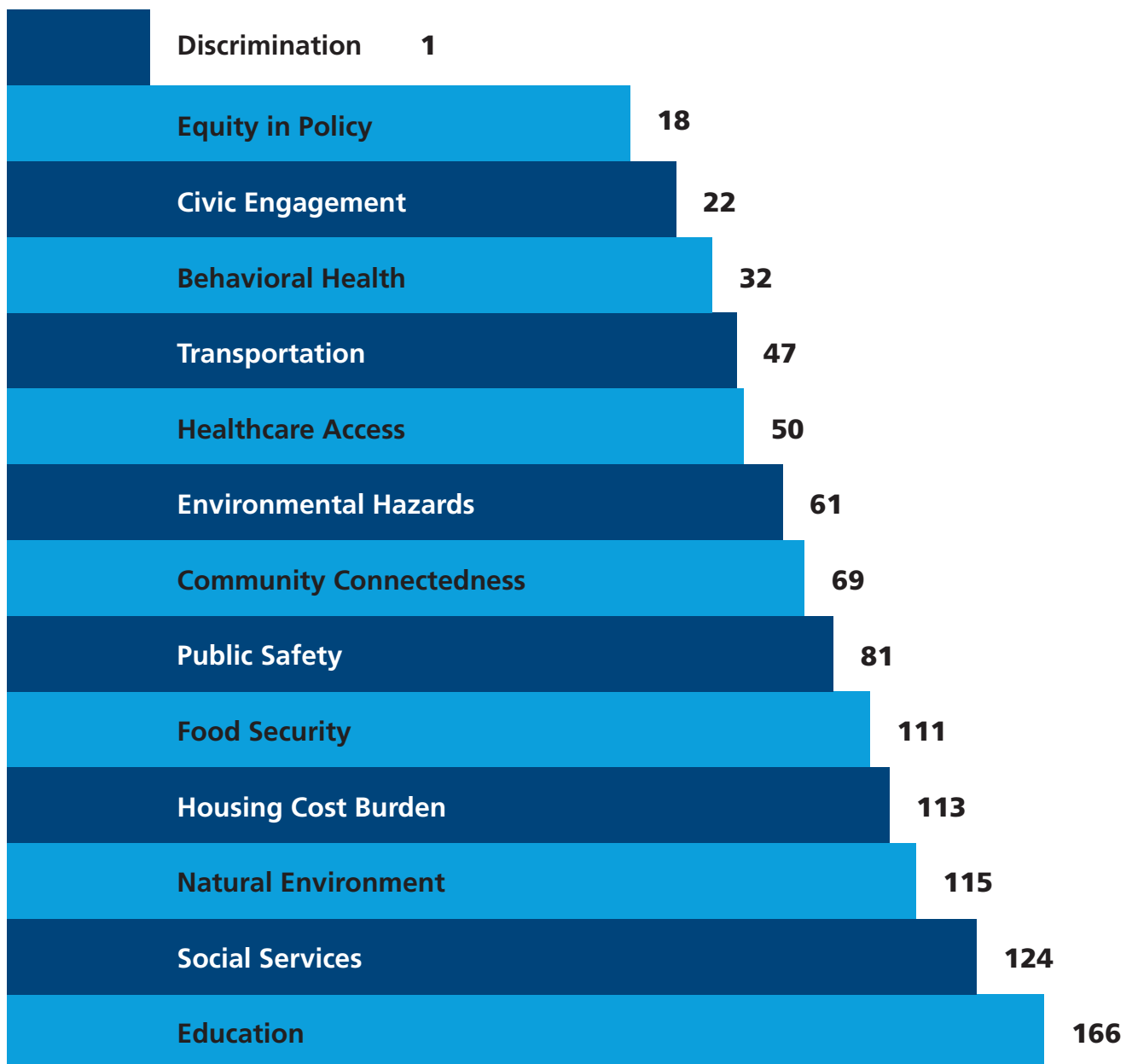
Use Cape Verdean Creole at Home

	CPO	PCF	Total	%
Hispanic/Latinx Ethnicity				
Yes	97	225	322	41.9
No	235	211	446	58.1
Household Yearly Income				
Less than \$24,999	44	153	197	34.5
\$25,000 to \$49,999	67	63	130	22.8
\$50,000 to \$74,999	45	34	79	13.8
\$75,000 to \$99,999	46	28	74	13.0
\$100,000 or more	65	26	91	15.9
Medicaid Enrollment				
Yes	86	172	258	35.8
No	199	154	353	49.0
Unsure	18	91	109	15.1
Disability Status				
Yes	32	82	114	16.4
No	255	257	512	73.8
Prefer not to answer	12	56	68	9.8
Education				
Less than High School Diploma	22	121	143	21.4
High School Diploma, GED or Equivalent	39	108	147	22.0
Some College, no Degree	35	48	83	12.4
Associate's Degree	15	16	31	4.6
Bachelor's Degree	98	40	138	20.7
Graduate or professional Degree	93	33	126	18.9

PROJECT PROPOSALS

During the idea collection phase, the two PB processes received more than 1,000 ideas for improving the health of the Central Providence and Pawtucket Central Falls communities. All but one of these ideas fit under the SDOH categories required for this project and defined in the table below. Education, the natural environment, housing cost burden, social services, and food insecurity were the most common SDOH issues raised, each receiving more than 100 related ideas. Find more details about idea submissions on decideri.org.

Ideas by SDOH Category



In Rhode Island, the Department of Health identified the Rhode Island Health Equity Measures listed below. Addressing these drivers of inequity can improve health and opportunities for our community.

Social Determinants of Health	Categories
<p>Integrated Healthcare: All community members have access to the social and healthcare services that they need to be healthy. Clinical services work together with community-based organizations to ensure that barriers such as cost, language, and transportation don't stop people from reaching their optimal health and accessing needed care. Community-based services and clinical services work together to support the physical, social, and spiritual well-being of people and the communities they live in.</p>	<p>Healthcare Access, Social Services, Behavioral Health</p>
<p>Community Resilience: All community members are confident that they can have a voice in local decision-making. These residents feel connected to their neighbors and other members of their geographic community and come together with them frequently. When local policies are enacted, these policies support the well-being of everyone.</p>	<p>Civic Engagement, Community Connectedness (Social Vulnerability), Equity in Policy</p>
<p>Physical Environment: All community members live, work, and play in environments that support their health. Their physical environment is free of hazardous levels of lead and other toxins that can impact health. Their physical environment also promotes healthy behaviors by making physical activity an accessible, safe, easy, and enjoyable choice.</p>	<p>Natural Environment, Transportation, Environmental Hazards</p>
<p>Socioeconomics: All community members are financially thriving. Community members can afford healthy food and safe, clean (healthy) housing. Community members have multiple opportunities for economic mobility, such as educational attainment and non-traditional career pathways. Residents earn fair wages for the price of living. Residents who seek employment can attain it.</p>	<p>Housing Cost Burden, Food Insecurity, Education</p>
<p>Community Trauma: All community members feel safe where they live, work, and play. Community members do not experience discrimination in healthcare, social services, or criminal justice systems. They feel at ease within their communities. Existing trauma has been identified, and communities have the tools and resources needed to heal.</p>	<p>Discrimination, Criminal Justice, Public Safety</p>

WINNING PROPOSALS

Over the course of three months, Budget Delegates from each community took the 1,011 ideas and turned them into 32 project proposals and associated budgets. The winning projects are described below.

Pawtucket Central Falls

Sprinkler Water Park and Outdoor Fitness Park

Install a free sprinkler water park in Pawtucket and outdoor fitness park in Central Falls.

Cost: \$288,000

Votes: 444

Mental Health: End the Stigma Campaign

Run a multimedia campaign to raise awareness of mental health needs for people of all ages, cultures, and backgrounds including billboards, radio, videos, murals, and more.

Cost: \$161,000 (partially funded)

Votes: 419

Central Providence

Bathrooms & Plants in Our Parks

Improve parks by increasing bathroom accessibility and plantings that protect the environment from pollution.

Cost: \$368,000

Votes: 728

Peer Mental Health Training

Provide mental health training for high school students in the 02908 and 02909 ZIP codes. Train students to detect the signs among their peers who may be struggling with poor mental health. Provide students and parents with resources and support within schools, and foster connection with community.

Cost: \$50,000

Votes: 686

Lead-Free Water Project

Provide 2,000 households in the 02908 and 02909 ZIP codes that have lead-contaminated pipes with an NSF-certified water filter dispenser.

Cost: \$330,000

Votes: 708

Bike Distribution and Repair

Distribute 50 bikes and repair kits and offer bike maintenance and repair workshops to low-income residents of the 02908 and 02909 ZIP codes.

Cost: \$30,000

Votes: 440

Plant Food-Bearing Trees

Plant 20 food-bearing trees native to Rhode Island (apple, pear, peach, nut, berry) around Central Providence.

Cost: \$30,000

Votes: 606

Soccer for Youth

Expand the accessibility of soccer playing to more local youth in Central Providence by providing free access to equipment, outdoor space, and coaching.

Cost: \$30,000

Votes: 560

Life Skills Classes for Youth

Provide classes for youth that discuss skills around parenting, personal finance, domestic activities, and other basic life skills.

Cost: \$30,000

Votes: 641

Improve Our Bus Stops

Improve eight bus stops in Central Providence by building bus shelters, solar-powered lighting, and charging stations.

Cost: \$253,000 (partially funded)

Votes: 662

LESSONS LEARNED

Program Evaluation

Throughout the PB process, program evaluation was conducted using qualitative and quantitative methods. Assessment tools were developed collaboratively by participating HEZs, RIDOH, EOHHS, research assistants (RAs) from Brown University's School of Public Health Master's program and program staff. The tools included:

- **Observation Guides:** RAs documented interactions in events and meetings using an observation guide. Data collected included social interactions, group dynamics, diversity and inclusion, and meeting setup and atmosphere. Observation data was collected at steering committee sessions, town hall idea-collection events, and project proposal development sessions.
- **Steering Committee and Budget Delegate Surveys:** Steering Committee members and Budget Delegates completed pre- and post-surveys. The pre-surveys were distributed during the first meeting they attended, with follow-ups sent by email and text over the following two weeks. The post-surveys were distributed to participants in person or online after the final meeting, when the winning projects were revealed. Follow-up calls, text messages, and emails were sent over the following week. These surveys were used to collect demographic information and to assess changes in civic engagement, barriers to participation, community perceptions, and participant skills, attitudes, and behaviors. In addition, these surveys collected feedback on PB program design and implementation.
- **Focus Groups:** Optional focus groups for both Steering Committee members and Budget Delegates were held after the winning projects were announced. Both groups were guided to reflect on their experience with supporting the PB process overall. Steering Committee members were specifically asked about the rulebook creation phase and their methods for decision making throughout the year. Budget Delegates were specifically asked about their group dynamics, barriers to participation, their professional and personal development, and the effectiveness of the tools provided to support project proposal development.
- **Exit Surveys:** Brief, post-meeting surveys known as exit surveys were collected at the end of town hall idea collection events and Steering Committee and Budget Delegate meetings. These surveys were also collected from expert collaborators who supported Budget Delegates in developing their project proposals. These surveys primarily focused on assessing the events and meetings to enhance the implementation of PB.
- **Post Surveys:** All residents who submitted an idea and/or voted in the PB process were encouraged to complete a post-survey, which was used to collect demographic information and feedback on their engagement in the process.

Findings

Finding 1. More than a third (35.1%) of voters in the PB process who were eligible to vote in their traditional local elections noted that they either never, rarely, or sometimes voted in a local election. Broken down by HEZ, in Pawtucket and Central Falls, nearly half (49.8%) of PB voters noted that they never, rarely, or sometimes vote in political elections. In Central Providence, nearly a quarter (22.7%) of voters noted that they never, rarely, or sometimes vote in local political elections.

Significance:

- The PB process can reach disengaged, eligible voters, allowing them to have a say in their community outside of traditional elections. Participating in PB may increase their likelihood of voting in the next traditional elections, based on studies that participation in PB can increase the likelihood of voting in elections by 8%.³
- Of PB voters who are eligible to vote in traditional elections and said they never or rarely vote in local elections, 52% were Medicaid members, 67% identified as BIPOC, and 68% had a yearly household income of less than \$50,000 a year.
- PB voters who were ineligible to vote in traditional local elections were primarily youth (88%). Participating in PB may enhance their civic behavior and encourage them to vote in other elections when they are eligible. Adults who are ineligible to vote have fewer opportunities to inform change in their community, so PB gives these adults a unique opportunity to engage in the health and well-being of their neighborhood.

“The reality is getting people to vote... it just needs more attention than anything we can imagine.”
 – CPO HEZ PB Steering Committee Member

How often do you vote in local political elections?	Pawtucket Central Falls	% PCF	Central Providence	% CP	Total	% Total
Never	50	20.7	16	5.7	66	12.6
Rarely	23	9.5	10	3.5	33	6.3
Sometimes	47	19.5	38	13.5	85	16.3
Often	28	11.6	58	20.6	86	16.4
Always	93	38.6	160	56.7	253	48.4
Total	241		282		523	

Finding 2. PB builds civic skills among emerging community leaders.:

- When Budget Delegates were asked “How comfortable are you with public speaking?”, there was a statistically significant increase in how comfortable they were from the start of the initiative to the end of it.
- When Budget Delegates were asked “How comfortable are you with understanding government documents?”, there was a statistically significant increase in how comfortable they were from the start of the initiative to the end of it.
- When Budget Delegates were asked “How comfortable are you with understanding budget spreadsheets?”, there was a statistically significant increase in how comfortable they were from the start of the initiative to the end of it.

Significance:

- Increased comfort with civic engagement may encourage residents to engage in their community more in the future.
- Community engagement leads to better health outcomes by enhancing residents’ feeling of connectedness.² Research indicates that people who are socially connected live longer and have an increase in resistance to diseases such as cancer and heart disease, in addition to lower rates of hypertension.²
- Similar, statistically significant changes were not seen in the pre- and post-assessments of Steering Committee members. Understanding why this is the case could inform the development of future PB and community engagement initiatives in the future.

“I was a facilitator for the first time, and I was brave to do it. I felt that I did well, and I think I had the support of the committee.” – PCF HEZ PB Facilitator

Finding 3: The PB process had a “profound influence” on how Steering Committee members and Budget Delegates understood health and inspired them to become “active agents of change.”

Both Steering Committee members and Budget Delegates were asked about the project’s impact on the way that they understand health in general, and the health of their community. Specifically, they were asked “How, if at all, has this process changed the way you think about your health and the health of your community?” Their answers were collected in both Spanish and English. Spanish answers were translated into English, and then all answers were analyzed using abstractive AI technology.

The analysis identified that the PB process empowered participants and increased their perceptions of “accountability and responsibility for their community” collectively.

“I think [PB] provides opportunities to think about how the community can become more involved in the process of making changes. I think when it comes to the health of the community, there is always this assumption that healthcare, State, federal, and non-profit organizations should be the ones dictating and solving community problems. I think the PB process introduces a strong concept to consider when thinking about improving the resources and health of a community. I think of the word “empowerment” as I reflect and think about the PB process overall. People often feel misrepresented or unheard when it comes to many things that impact their daily life. I think the PB process introduces a new way to do things. It empowers residents of the community to be the main change agents of how to distribute the funds and improve their own community.” – CPO HEZ PB Steering Committee Member

The analysis also identified that the PB process: “increased awareness of community issues and challenges” among the participants and therefore “engagement in such processes has the potential to shift prioritization to a more equitable model for community priority setting.”

“I’m not sure it changed the way I think, but it definitely emphasized for me how privileged I am to have access to so many resources and to be safe and healthy. It also made it starkly visible how my immediate neighborhood is atypical and isolated from the rest of Pawtucket, which made it feel kind of odd to be talking about “my” community. I felt very much like an outsider speaking for “those less fortunate than I,” which was something I thought about a lot.” – PCF HEZ PB Steering Committee Member

In addition, the analysis identified a “stronger recognition of the complexity of health-related factors” among participants and “expanded perspectives on health and community well-being.”

“I have to say that going through this process has definitely changed the way I think about my health and the health of my community. But now, I realize that my health is not just about me—it’s about the people I interact with every day. I’ve started paying more attention to my own health habits and making sure I’m doing everything I can to stay healthy and prevent the spread of illness. And I’ve also become more aware of the health issues facing my community, and I’m doing my part to support local organizations that are working to improve public health. Overall, this process has been a wake-up call for me, and I’m thankful for the opportunity to become a more responsible and health-conscious person.” – CPO HEZ PB Steering Committee Member

Finding 4: PB can engage Medicaid members and Accountable Entities (AEs) in improving the places where residents live, work, and play, and support AEs in getting proximate with their members.

The voices and choices of Medicaid members actively drove the PB process. Of participants surveyed, at least 258 identified that they were Medicaid members, including 41.9% of Steering Committee members, 40.6% of the Budget Delegates, and 35.8% of the voters. All these roles were influential on the community interventions, with responsibilities including but not limited to deciding on the rules of voter engagement, designing the project proposals and budgets, and determining how public funds should be spent in their community through casting their vote.

Medicaid Member Engagement

Engagement Time	Number of Medicaid Members ¹⁶²	% of Total
Steering Committee Members	13	41.9
Budget Delegates	28	40.6
Voters	258	35.8

Part of Medicaid member engagement may be attributable to the partnership between AEs and HEZs in this process. Content analysis of weekly PB project management meetings identified multiple collaborations between AEs and HEZs as part of the PB process, including but not limited to:

- HEZs presenting about the PB process at statewide and individual AE meetings.
- AE outreach and support of the PB process, including through funding bus shelter advertising, generating newsletter content, and disseminating social media posts and targeted emails.
- AE staff participation at idea collection events, project fairs, and voting parties.
- AE site support, including idea collection drop boxes and hosting voter pop-up events at clinical sites.
- AE staff participating as PB Steering Committee members.

Significance:

Partnership between HEZs and AEs enhanced both parties' ability to impact the health of Medicaid members.

Finding 5: The PB process helped drive public and private investment in community priorities.

The HEZs leveraged public and private funding in support of the PB process and project implementation. Outside of EOHHS funds, the HEZs supported PB with more than \$575,000, and this number is growing. In Pawtucket/Central Falls, the HEZ has raised \$75,900 to date, including an additional \$15,000 to support their Mental Health: End the Stigma campaign. They will also be utilizing Community Development Block Grant and Department of Environmental Management funds to support the development of their winning splash pad project. RIPTA will also be supporting additional amenities for bus stops in 02908 and 02909. Lastly, an ultimately unfunded PB project around high school tutoring encouraged the Pawtucket school department to increase the capacity of high school tutors to support the Child Opportunity Zone (COZ) program.

Significance:

The PB process, in partnership with HEZ, is easily replicable and is a worthwhile, community-driven framework for the investment of funding that is currently being invested in Rhode Island communities, such as the opioid settlement funding, Learn 365, American Rescue Plan Act funding, Inflation Reduction Act, and other federal and state investments.

Participant Feedback and Recommendations:

On the post-process surveys, Steering Committee members and Budget Delegates were asked if they wanted to see PB continue in their community. The responses analyzed using abstractive AI suggest that they **“overwhelmingly support the continuation of Participatory Budgeting in the community, highlighting its role in empowering residents, increasing civic engagement, addressing community needs, and fostering community unity.”**

“YES!!!! No question. 100% yes,” wrote a PCF HEZ PB Steering Committee member. *“I think it is an extraordinary way to bring the community together. It not only empowers people to have a say in important decisions, but it makes them FEEL more powerful, it brings the community together—which is difficult to do, but money helps! And once the community is connected and thinking about what can be done to improve their lives and their cities, the opportunity for all kinds of change—not just the winning projects, but potentially small and large changes—is created and nurtured.”*

The analysis also identified that **“PB is lauded for its role in allocating funds equitably based on community input, allowing residents to have a direct say in how money is spent.”**

“Community residents need to know they have a say and voice in their community and that they can do something about it,” wrote a PCF HEZ PB Budget Delegate. *“Our team’s proposal was one [of] the selected winners, and I couldn’t have imagined that a year ago. It’s an amazing opportunity for residents to have a voice in what goes on in their communities and ways to improve it.”*

Through optional focus groups, Budget Delegates and Steering Committee members from both HEZs provided the following recommendations to enhance future PB processes:

1. Support capacity building and leadership development of HEZ staff and participants through mentorship and facilitation training with community members that have already done PB.

- “So, there is value in having people that already did it. [...] they can add depth to the process and also answer questions, because some things we couldn’t see clearly.”

2. Strengthen Partnerships with State and Municipal Agencies and Elected Officials

- “I believe that we should have asked the city for more help to be a part of a Providence City project.”
- “We could have used, yeah, the city and city council member state reps to do a little bit more.”
- “I think one of the first things that was said in the beginning is that we wanted this to be successful so that that [the city council’s] discretionary funding would go to PB and maybe be like an evergreen initiative.”
- “I think that [city support] was one of the goals with this.”

3. Invest in Outreach

- “[We need] someone being more of like a volunteer manager who’s just in charge of coordinating the volunteers.”
- “So, I would personally, if I was leading this project in the future, I would definitely have some dedicated outreach workers who do nothing but the project.”
- “But we need more physical people to say, to go out there. ”
- “The thing is to get the people on the Steering Committee to go into the community, but who has that kind of time?”

4. Enhance Involvement of Subject-Matter Experts

- “Yeah, I think that the [development of the project] budget itself, because I feel like that’s kind of a moment where you need, like, the experts...”
- “I think it would have been good if there was a person specializing in projects and giving us suggestions.”
- “[In order to secure a subject-matter expert] ...somebody else in the group will go interview whoever from Crossroads, and then we’ll come back, and we’ll share that information. And then we’ll decide which one of those people best fits our project and can come in and give advice.”
- “I think maybe the same person [should act as the subject-matter expert] ...for consistency purposes.”

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Thinking about bringing Participatory Budgeting to your community? Let's chat!

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