Health Equity Institute

2024
End of Year Report

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About the Health Equity Institute

MISSION

The Rhode Island Department of Health (RIDOH), through its Health Equity Institute (HEI), collaborates with department programs, other state agencies, academia, and community leaders to ensure every Rhode Islander has a fair and just opportunity to be healthy. This is achieved by

- **Identifying** systemic root causes of uneven health outcomes across population groups;
- **Collaborating** with partners to address those root causes; and
- **Monitoring** Rhode Island's progress toward more equitable outcomes for all.

CORE PROGRAMS

Programs within HEI include the Office of Refugee Health Promotion (RHP) and the State Office of Minority Health (OMH). HEI provides research, training, and technical assistance on health equity-related areas such as the National Standards for Culturally and Linguistically Appropriate Services (CLAS), the role of policy in improving health equity and health outcomes, and accessibility topics such as the Americans with Disabilities Act (ADA).

OTHER FOCUS AREAS

HEI also provides administrative and operational support to the Rhode Island Commission for Health Advocacy and Equity (CHAE). CHAE is a Rhode Island commission introduced and written into legislation in 2011 (RIGL §23-64.1). Its mission is to advocate for policies and activities that help Rhode Island advance health equity. Other HEI focus areas are program evaluation, grants management, data-to-action planning, and the study of policy and law as contributors to advancing health equity. Since May 2021, HEI has also managed the Centers for Disease Control and Prevention (CDC) grant—the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (COVID-19 Health Disparities grant).

The Health Equity Institute's 4 Overarching Strategies

In 2024, HEI adopted its current strategic action plan, based on lessons learned during the COVID-19 pandemic.

STRATEGY 1

Training and Capacity Building

Create opportunities for staff and partners to critically analyze beliefs and systems so that RIDOH can provide services that are respectful, trauma-informed, and culturally and linguistically appropriate.

STRATEGY 2

Health and Equity in All Policies (HEiAP)

Integrate and articulate health and equity considerations into systems, policy making, and programming across all sectors and levels to improve the health of communities and individuals.

STRATEGY 3

Partnerships and Community Engagement

Foster meaningful community engagement across sectors to build on the collective strengths and capabilities of all to create a greater and sustainable impact.

STRATEGY 4

Funding and Sustainability

Establish a diversified portfolio of funding to sustain and grow HEI programming.

These strategies were informed by the following resources:

- Results of the *2021 Public Health Workforce Interests and Needs Survey* (PHWINS),[1] conducted by the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO); the only nationally representative data source on the governmental public health workforce;
- Findings from the report, *Adapting and Aligning Public Health Strategic Skills*,[2] also published by the de Beaumont Foundation, highlighting discipline-specific and cross-cutting strategic skills for implementing effective and ambitious interventions across diverse communities and sectors; and
- Lessons learned from the COVID-19 pandemic, as detailed in several RIDOH-funded reports.

2024 Highlights

Through a new approach to action planning, HEI accomplished a variety of projects across its 4 strategies:

- Held more than 10 training series supporting workforce development, totaling more than 30 individual sessions;
- Hosted a record-setting virtual National CLAS Standards training—the largest to date—for the Rhode Island Department of Children, Youth, and Families (DCYF), with more than 400 attendees;
- Partnered with the Colorectal Cancer Prevention Program to host tabling events at the Rhode Island Department of Motor Vehicles to reach and share health information with Black and Hispanic men, groups that experience inequities that lead to disproportionately high rates of colorectal cancer-related illness and death;
- Partnered with the Brown University School of Public Health People, Place, and Health Collective (PPHC) to host 2 8-week workforce development trainings for RIDOH staff to improve data storytelling;
- Produced more than 1K RIDOH-branded I Speak cards (21 languages) and language identification charts (70 languages), which help community members access interpretation services;
- Supported new Rhode Island CHAE members as they completed their first full year and established new subcommittees;
- Onboarded 2 new clinics for RHP, increasing access to medical screenings for refugees and other eligible populations;
- Completed a retrospective evaluation of COVID-19 data collection, analysis, and sharing processes with Faulkner Consulting Group, with findings informing and being integrated into RIDOH's Data Modernization Initiative (DMI) Roadmap;
- Hosted 2 Public Health Scholars through Brown University School of Public Health and the CDC's Public Health Law Fellowship program, and retained a public health law scholar as a contractor to continue working with the Institute; and
- Drafted data briefs related to strategies used during the COVID-19 pandemic to help government agencies understand how to equitably coordinate, support, and deliver resources to communities during emergencies.

2024 Accomplishments

STRATEGY 1: Training and Capacity Building

HEI spearheads department efforts to promote health equity through education, resources, training, technical assistance, and support resources.

During 2024, HEI focused its training and capacity-building efforts across 4 areas:

- National CLAS Standards
- Americans with Disabilities Act (ADA)
- Public health law and research
- Data management and communication

CLAS

The National CLAS Standards are a set of 15 action steps that individuals and healthcare organizations can use as a blueprint for improving quality of care and helping to eliminate healthcare disparities.

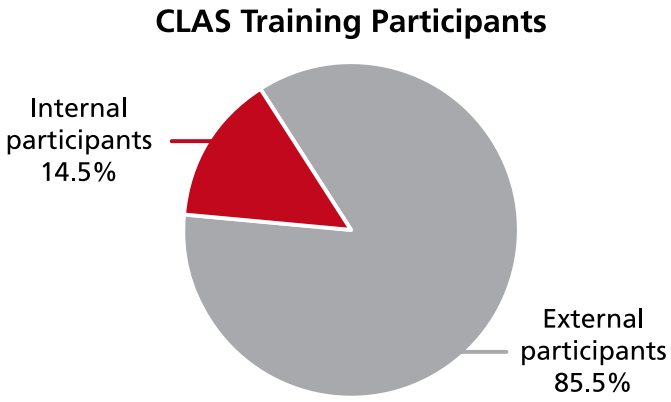
In late 2023, HEI partnered with the Network for Public Health Law (NPHL) to host 8 virtual training sessions for RIDOH staff to promote implementation of CLAS Standards in program operations. The collaboration with NPHL also yielded the development of an asynchronous, self-paced CLAS training. Additionally, the CLAS team curated a new suite of scaffolded training sessions; CLAS 101, 102, and 103 presentations provide more accessible information for a variety of audiences from beginner to expert. This series was uploaded to TRAIN, an online learning management system, in fall 2024. HEI also promoted train-the-trainer sessions across the department. A CLAS implementation survey was later shared with train-the-trainer participants to gauge how they were implementing or planning to implement policies or practices to meet CLAS Standards within their programs.

HEI iteratively improved its internal process for providing and promoting CLAS training to internal and external partners. The CLAS team promoted its new CLAS training request form and RIDOH's existing National CLAS Standards-related complaints form. Both forms are available on the RIDOH website at health.ri.gov/CLAS.

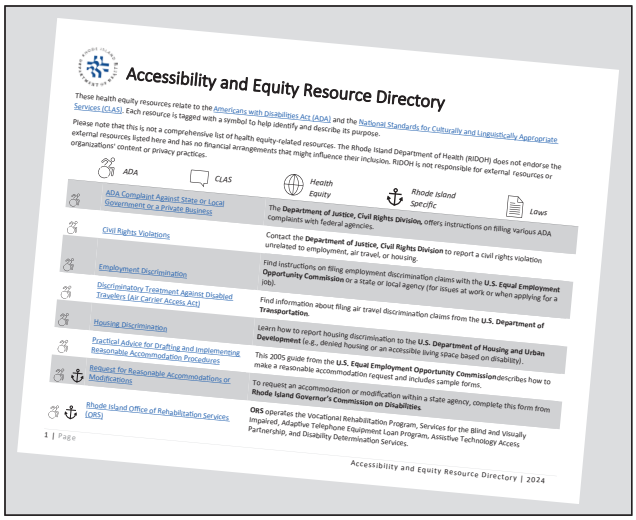
HEI grew its number of new internal and external partnerships to promote its CLAS trainings. Internally, its collaboration with RIDOH's Office of Primary Care and Rural Health commemorated National Rural Health Day and provided training to J-1 Visa program providers serving rural and medically underserved communities.

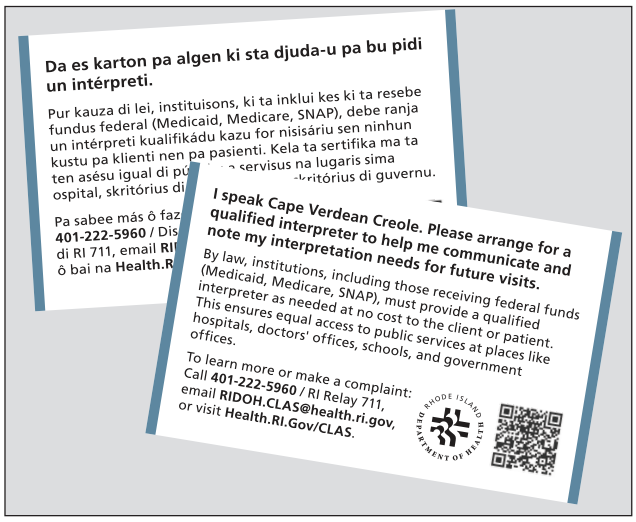
RHP tabling at the World Refugee Day Celebration at the Refugee Dream Center

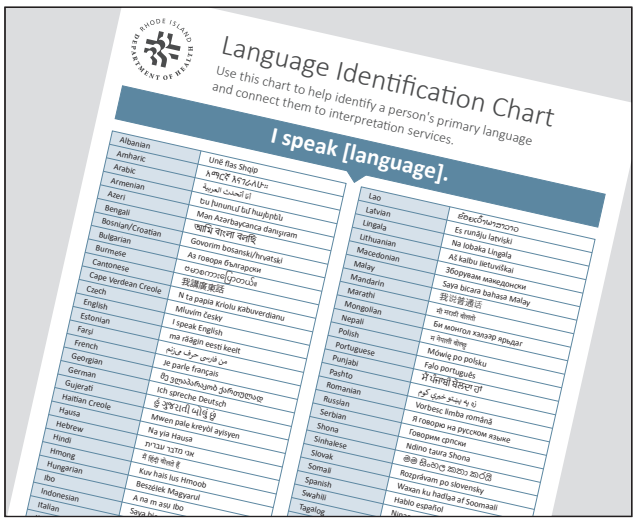
Externally, HEI formed new partnerships with the Brown Pediatric Primary Care Provider Group and DCYF, with the DCYF collaboration resulting in HEl's largest virtual CLAS training to date, which drew more than 400 participants. Ongoing partnerships continue to strengthen HEl's outreach and impact. Notable examples include the continued delivery of CLAS training to Tri-County Community Action Agency (external), and RIDOH's Family Visiting Services and Special Supplemental Nutrition (WIC) programs (internal).



As reported in HEl's 2024 Office of Management and Budget (0MB) measures, 82 RIDOH and 482 external participants attended CLAS training. Out of 115 participant survey responses, 90% indicated an intention to implement changes to policies or practices to support CLAS compliance. Respondents also reported that the CLAS training raised awareness and introduced them to new resources that support equitable, quality care.







Examples of CLAS materials developed

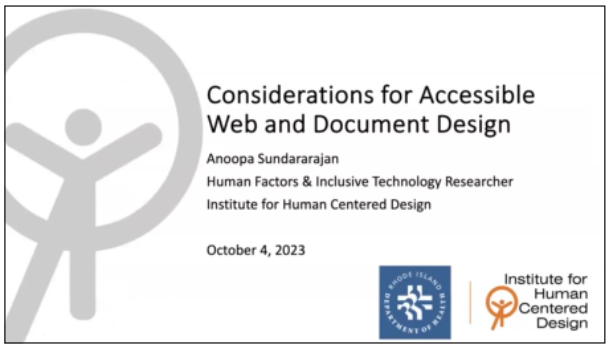
The CLAS team also published its *Accessibility and Equity Resource Directory*, which includes tools and information to help meet CLAS Standards. In addition to CLAS-specific resources, the directory lists relevant laws, regulations, and organizations that improve accessibility and health equity. To promote the directory, the CLAS team is developing an accompanying rack card to hand out at various community events.

Other materials produced by the CLAS team include RIDOH-branded "I Speak" cards, available in 21 different languages, and a language identification chart covering 70 languages. I Speak cards and identification charts help agencies provide interpretation services for people with limited English proficiency, as required by Title VI of the Civil Rights Act of 1964. All materials are available on Inside RIDOH and the CLAS public-facing homepage.

Additionally, HEI worked on procedural changes related to CLAS. Together with RIDOH's Center for Health Facilities Regulation, HEI is exploring how to further improve the CLAS complaint process and continues work on improving CLAS Standards compliance in healthcare settings. Lastly, HEI researched existing contractual language and drafted recommendations to include CLAS-related language in contracts and Requests for Proposals (RFPs) to external vendors.

ADA

The ADA is a federal civil rights law that protects people with disabilities from discrimination. When community partners reported a perceived lack of ADA compliance and enforcement during the COVID-19 pandemic, HEI felt it was critical to ensure that all RIDOH staff received guidance not only on how the ADA protects people with disabilities but also a basic understanding of the law. From late 2023 into 2024, HEI partnered with the New England ADA Training Center and Workforce Development to deliver a series of 5 virtual training sessions on ADA compliance and implementation to RIDOH staff. Recordings and transcripts of these presentations are available in TRAIN for future self-study.

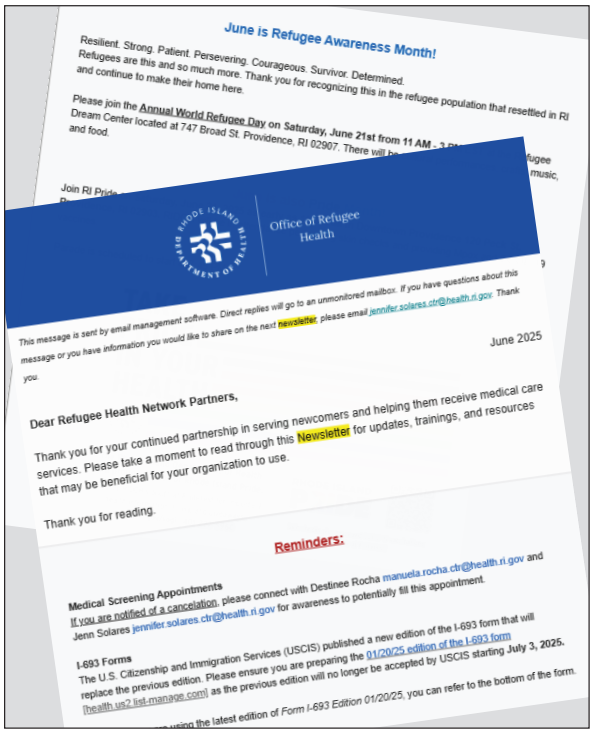


New England ADA Training Center presentation for RIDOH

In addition to this series, HEI created a RIDOH-branded ADA compliance training that provides baseline ADA guidance. ADA-specific resources are included within the Accessibility and Equity Resource Directory available on Inside RIDOH and bit.ly/Equity-Directory.

Public Health Research

HEI continues to provide opportunities for students and recent graduates to gain hands-on experience working in public health. In 2024, 2 public health scholars joined HEl and contributed to several program enhancements for RHP, as well as curated a suite of tools and resources to advance health equity in all policies. RHP hosted a public health scholar who helped to launch RHP's newsletter for its partner organizations. The newsletter provides ongoing information, resources, and updates for the state's refugee-serving organizations and health providers.



Sample newsletters

In 2024, HEI served as a host site for a CDC Public Health Law Fellow, a 6-month engagement that provides on-the-job training to those interested in a career in public health law or policy. HEI's interest in public health law and policy stems from a clear understanding of how policy, by default, plays a vital role in improving health outcomes. With the in-house expertise of a CDC public health law scholar, HEI researched strategies used in other states to advance health equity and developed a suite of tools and resources to support RIDOH programmatic efforts.

Michelle Wilson and Okxana Cordova at CDC headquarters for the Public Health Law Fellows final presentations.

With an understanding of the role of public health law and policy systems as determinants of health, HEI worked with the staff of the CDC's Public Health Law Program to create a legal epidemiology training for RIDOH staff. Legal epidemiology is a scientific method that helps translate laws and policies into data to better understand population health. The in-person training was to launch in February 2025. However, the training was postponed indefinitely due to organizational changes within the federal government.

Data Management and Communication

In an all-staff survey distributed at RIDOH in March 2023, only 40% of respondents (n=258) reported satisfaction with data-related professional development opportunities, highlighting a significant need for upskilling. In response to this finding, as well as overwhelmingly positive evaluation feedback from a Data Academy training held with community partners in 2023, HEI collaborated with the PPHC to launch a new workforce development training for RIDOH staff–*Data Academy: An Instructional Framework for Accessible and Actionable Data*.

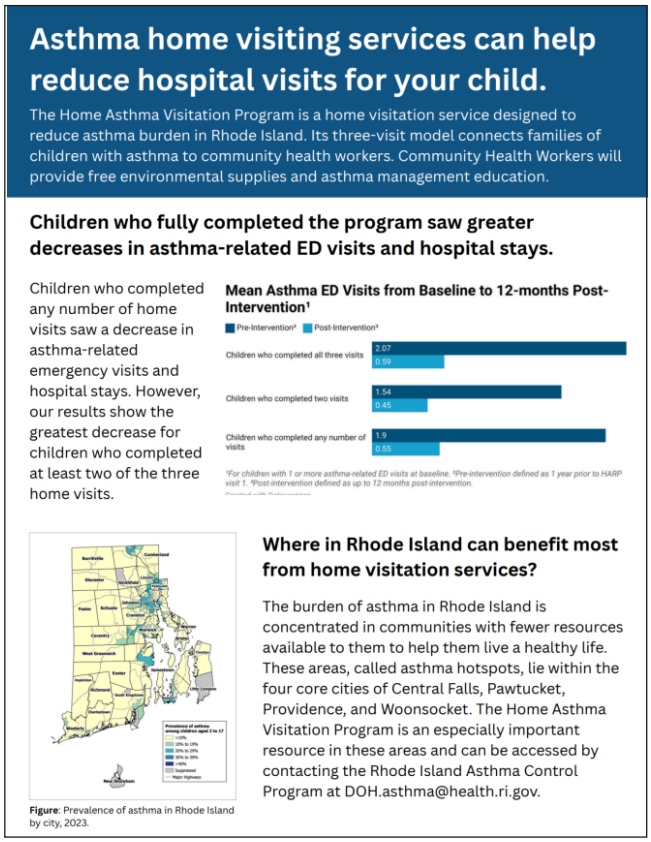
The Data Academy training consisted of 4 workshops, lasting 2 hours each (1 hour of interactive content and 1 hour of project-based lab work) across 8 weeks, with opportunities for technical assistance and individualized office hours with PPHC staff.

Workshop topics *included Data Storytelling, Neighborhoods and Mapping, Data-Driven Decision-Making and Policy,* and *Data Tools*. The goal of the training was to equip RIDOH staff with the knowledge and tools necessary for successfully using data to create engaging stories and handle the nuances of communicating program data to various audiences. Workshops also incorporated additional training on the kinds of data available at RIDOH, including *myNeighborhood*, RIDOH's ArcGIS web application, and the Rhode Island Health Equity Measures.[3] Throughout the 8-week series, participants used the tools and communication strategies they learned to create a final, tangible product to use in their program. Capstone projects revealed clear growth in participants' ability to focus on messaging, iterate with feedback, and tailor products to audience needs.

“Working on my final product helped me learn how to better disseminate complex data to the public and legislators.”

"I learned how to use data visualization tools to create engaging data stories that will improve any call to action."

Quotes from participants after the Data Academy concluded.

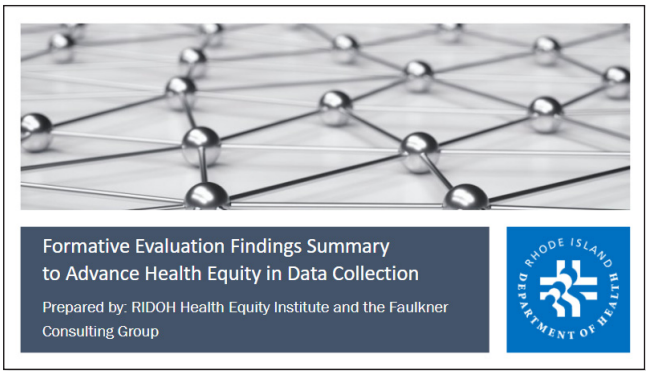


Example of final Data Academy product from the Home Asthma Visitation Program

To evaluate the Data Academy for continuous quality improvement, participants completed pre- and post-assessments developed and administered by PPHC. The survey questions measured changes in participants' data capacity, confidence in discussing community data trends, and ability to propose new solutions and report programmatic changes. Quantitative data from the survey results measured the aggregate change in participants' knowledge and self-efficacy and were compiled into various reports.

Improvements to advance health equity efforts through better data management also included enhancing data collection and integration for RHP. With the rapid growth of RHP in 2024, due to the resettlement of refugees from Ukraine and Afghanistan, it was crucial to implement a system for transferring refugee vaccination data from the CDC's Electronic Data Notification (EON) system to the State Immunization Information System (IIS). The EON is a centralized electronic reporting system that notifies federal, state, and local health departments and screening clinics of the arrivalof refugees and immigrants with health conditions requiring medical follow-up. RHP worked with the Center for Health Data and Analysis, the Rhode Island Child and Adult Immunization Registry (RICAIR), and KIDSNET to develop the Refugee Immunization Information Systems Exchange Project (RIISE). Since July 1, 2024, all immunization records from new refugee arrivals in the EON system now automatically transfer to the RICAIR/KIDSNET system.

To respond to challenges in robust demographic data collection for identifying and addressing disparities during the COVID-19 pandemic, HEI partnered with Faulkner Consulting Group from September 2023 to April 2024 to conduct a retrospective evaluation.



Findings from Faulkner consulting group and HEI's presentation on the material

HEI published the study's results in May 2024 and, in June, presented the findings and recommendations for future equitable public health emergency response efforts to the Health Policy and Leadership team and Center for Health Data and Analysis leadership.

HEI further synthesized the findings to identify key partners and suggest initial next steps for implementing the report's recommendations. The findings from this report were taken into consideration in the development of RIDOH's DMI Roadmap and will continue to inform data modernization efforts in the years ahead.

STRATEGY 2: Health Equity in All Policies (HEiAP)

HEiAP is a movement growing across various public health agencies and organizations to better address the social and political determinants of health. HEl advances HEiAP by allying with RIDOH programs, strategically investing resources within RIDOH and among external partners, and working with the CHAE.

Align resources and efforts across RIDOH program interventions and collaborations

HEI created an inventory of existing and proposed health equity assessment tools across RIDOH. This inventory helped to curate a suite of resources for RIDOH, as well as to create and test an Equity Coaching Tool. HEI also began monitoring consideration of the Rhode Island Health Equity Measures in RIDOH legislative position papers. At the end of 2023, HEl gave a presentation on the Rhode Island Health Equity Measures to the department's Health Policy and Leadership team.

With approval and input from RIDOH's Office of Policy, in January 2024, HEI added a new question to the legislative position paper template, a standard guide for RIDOH staff to use when creating papers that express their program's stance on the effects of various proposed legislation. The new question asks how the proposed legislation may impact the Rhode Island Health Equity Measures. HEI will monitor question responses and track how policy changes may be advancing health equity.

Leadership, policy, and advocacy

HEl serves as the administrative staff for the CHAE. At the end of 2023, HEl and CHAE members evaluated representation in CHAE participation, leadership, and organizational operations. CHAE members then realigned CHAE infrastructure to support ongoing operational planning by adopting new procedures for onboarding, in-person meeting attendance, participation, subcommittee work, and advocacy work.

CHAE recruited and onboarded 14 new members. Throughout 2024, Commissioners settled into their roles, established subcommittees, and outlined their priorities and deliverables for 2025.

In 2022, the CHAE released a policy brief on the impact of COVID-19 on food security in Rhode Island, which remains a challenge for many communities. To continue addressing food insecurity, the CHAE convened a group of food security experts, community members, and organizations for a panel discussion at the March 2024 Health Equity Zones (HEZ) Learning Community, where they shared lessons learned during the COVID-19 pandemic.
The discussion explored how community-based organizations sourced and distributed food to Rhode Islanders (including culturally relevant food) during the pandemic, the importance of community networks, how to establish new points of food distribution during an emergency, strategies to address ongoing food insecurity across the state, and ways to mitigate food system disruptions in future public health emergencies.

2022 Policy Brief: Impact of the COVID-19 Pandemic on Food Security in Rhode Island Communities

CHAE and HEI also provided input and recommendations on the State Food System Preparedness and Recovery Plan as part of their work with the Rhode Island Food Policy Council.

In addition to the food policy brief, CHAE distributed an infographic at the May 2024 HEZ Learning Community, highlighting data from an upcoming brief that sheds light on the role of housing cost burden and other factors in COVID-19-related health outcomes. The full brief will be complete by the end of summer 2025.

STRATEGY 3: Partnerships and Community Engagement

Partnerships and community engagement are foundational to the work of HEI. HEl's strategy for creating a greater impact and expanding its reach is to leverage internal resources by aligning efforts with external partners at the national level and across all sectors. By building and sustaining these relationships, HEl provides expertise and tailored guidance on best practices for RIDOH divisions and programs.

Supporting refugee health

RHP set a goal to increase the number of available refugee medical health assessment appointments by expanding the number of refugee health clinics. RHP was awarded funds from the CDC Preventive Health and Health Services Block Grant (Preventive Block Grant) for this initiative. Refugee health clinics provide medical screenings for refugees and other eligible populations. They also help connect patients to ongoing primary care, with support from programs funded by the US Department of Health and Human Services' Office of Refugee Resettlement (ORR).

RHP staff join in celebrating Community Health Worker Appreciation Day with RIDOH and RIPIN

In 2024, RHP continued to grow its portfolio of partnerships and community engagement initiatives, including the onboarding of 2 new refugee health clinics: Blackstone Valley Community Health Center and Family Care Center (Care New England), expanding the capacity of the domestic medical screening program.

RHP also partnered with RIDOH's Office of Immunization, The Wellness Company, and the Comprehensive Community Action Program (CCAP) to launch pop-up clinics and provide timely access to medical and immunization services.

9 pop-up vaccine clinics

260+ refugees served

400+ vaccinations administered

This initiative resulted in multiple vaccine pop-up clinics. Additionally, RHP and CCAP conducted more than a dozen refugee mobile clinics, offering essential medical care throughout communities. Through its partnership with resettlement agencies and other community-based and refugee-serving organizations, RHP worked with CCAP to conduct multiple clinics from June through December 2024.

5 refugee health clinics

331 domestic medical screenings

164 adult patients

167 pediatric patients

RHP's refugee health clinics completed 331 domestic medical screenings for newly arrived refugees. Medical screenings included the following:

- 150 pediatric lead screenings;
- 284 mental health screenings (17 of which resulted in referrals for further evaluation and counseling);
- 327 HIV screenings;
- 325 tuberculosis screenings;
- 320 Hepatitis B screenings; and
- 320 Hepatitis C screenings.

Additionally, RHP assists refugees with their Adjustment of Status, a process that allows people to become lawful permanent residents by securing a Permanent Resident Card (Green Card). All Adjustment of Status processes must be completed within a year after arriving in the US. Within 90 days of arrival, refugees must also complete their vaccinations listed in Form 1-693, Report of Immigration Medical Examination and Vaccination Record. The United States Citizenship and Immigration Services (USCIS) and the CDC recognize all state and local health departments, including RIDOH, as civil surgeons through a blanket civil surgeon designation. RHP works with a medical consultant director to meet the requirements of this designation, assessing the vaccine record component of Form 1-693. In 2024, the RHP completed more than 150 1-693 form applications.

In May 2024, all RHP clinics completed their ORR monitoring visits. RHP received a single minor corrective action requesting the program create a more structured data collection system, which is currently in development. RHP hired 2 new staff to support partner engagement, refugee health promotion, domestic screening clinic coordination, and communications with health partners. A new team member began collecting and graphing data to better and more accurately share progress reports with other refugee-serving organizations that comprise the State Refugee Health Network, a network of organizations serving refugees across Rhode Island communities. RHP is also monitoring the medical screening process and working on reducing the wait time for patients with scheduled medical appointments. New staff members continue to publish RHP's Refugee Health Newsletter, begun by RHP's scholar earlier in spring 2024. The newsletter updates partners on new developments within RHP and fosters a sense of community and camaraderie among refugee-serving providers.

Sharing health information in communities

In June 2024, HEI partnered with the Colorectal Cancer Prevention Program to coordinate a health information campaign prioritizing outreach to Black and Hispanic men. According to the American Cancer Society, colorectal cancer affects Black and African Americans more than any other racial or ethnic group in the US, as they are about 20% more likely to be diagnosed and 40% more likely to die from colorectal cancer compared to other groups.[4] Hispanic men are less likely to be screened or diagnosed with colorectal cancer compared to their non-Hispanic White counterparts.[5]

Adilson Rocha, HEI Community Outreach Coordinator, tabling in front of the Rhode Island Department of Motor Vehicles.

HEl and the Colorectal Cancer Prevention Program researched locations for reaching Black and Hispanic men to share information about colorectal cancer and how to access screening tests. After identifying the Rhode Island Department of Motor Vehicles in Cranston as an opportune outreach location, HEI helped coordinate and support weekly tabling events beginning with Men's Health Month in June 2024 and continuing throughout the summer.

At the events, RIDOH staff shared information about colorectal health and cancer screenings, along with other promotional items, including carpenter notepads and pencils, tape measures, hats, and literature. The campaign was a success, reaching more than 600 people. In 2025, HEI will continue to partner with the Colorectal Cancer Prevention Program to raise awareness about the importance of cancer screening.

Other events supported by HEI included the annual Juneteenth and Pride Festivals, World Refugee Health Day, the Black and Aging Wellness Fair, the Rhode Island Public Health Association Annual Meeting, and Care New England's fourth Diversity, Equity, and Inclusion Summit.

Michelle Wilson (center) participating in a panel at Care New England's Diversity, Equity, and Inclusion Summit.

Adderlin Taveras Bailey (right) receiving the John E. Fogarty Award at the 2024 Rhode Island Public Health Association Annual Meeting

Community-led trauma responses and mental health supports

As part of a larger initiative within OMH to increase behavioral and mental health program support in communities most impacted by structural racism and wealth inequity, HEI is working on the Can We Talk Community Trauma Healing Program (CWT). CWT is a community-led intervention that offers a safe space for people to share their stories of trauma, loss, grief, and hope through words, poetry, or song. CWT is free and serves as a bridge to overcome barriers to mental healthcare, like healthcare system distrust, cost, transportation, and cultural relevance. HEI presented CWT at the October 2023 and March 2024 HEZ Learning Communities and conducted outreach to event attendees to promote CWT growth and participation.

Sustained community support and engagement

HEI began 2024 by reviewing the effectiveness of its community engagement strategy during the COVID-19 pandemic. For more than 2 years, HEI focused its outreach in high-density communities or HDCs, a term coined during the COVID-19 pandemic that refers to geographic areas across the state with consistently higher rates of COVID-19 transmission and hospitalization. These areas had lower vaccination rates and experienced a disproportionate

impact from other COVID-19-related factors on their well-being. HEI held weekly and sometimes bi-monthly virtual office hour calls to provide community partners with up-to-date information about the pandemic and opportunities for cross-collaboration on local response operations.

Focus group discussions with HDC partners were set up to complete strategy reviews and discuss past projects. Introductory meetings with RIDOH's Division of Community Health and Equity (CHE) were also held to assess outreach needs within communities. Once HEI's review is complete, it will assess the success rates of engagement efforts in reaching diverse groups and addressing community needs.

Over the last several years, in part under the COVID-19 Health Disparities grant, HEI conducted various assessments on communications strategies and approaches for engaging Rhode Island communities. At the end of 2024, HEI evaluated and extracted common themes from its findings. With these findings and other supporting information from national organizations, HEI developed a set of guiding principles on equitable outreach to communities. This Equitable Community Engagement Guidebook was developed from the synthesized findings and feedback from the Community Engagement Workgroup. It offers a series of questions to help readers develop a health equity lens in their work and will be published in summer 2025.

STRATEGY 4: Funding and Sustainability

From fall 2023 through spring 2024, the ASTHO Programmatic Health Equity Initiatives and Strategies (PHEIS) team provided HEI with technical assistance to help navigate critical conversations with department and executive leadership on institutionalizing equity in both policy and practice. The PHEIS team conducted a focused conversation with key RIDOH leadership to plan training and guided capacity-building activities to inform a strategic framework for integrating equity into operations across all RIDOH programs and divisions. Additionally, the PHEIS team helped HEl clarify the distinction between program-level and institutional-level equity work. It explored how to effectively integrate HEl's research, technical assistance, and capacity-building efforts into RIDOH's broader organizational framework. HEI, CHE and its medical director, and the PHEIS team, determined RIDOH's participation in ASTHO's Strategic Planning and Actionable Roadmap for Key Transformation (SPARK) initiative was the best path forward for meeting RIDOH's needs.

The SPARK initiative's strategic planning model is based on evidence-based best practices. The process establishes mission and vision statements through 4 strategic planning milestones:

- Practical vision;
- Underlying contradictions;
- Strategic directions; and
- Action plan.

The process covers topics such as Boundary Spanning Leadership and Facilitating Psychological Safety: Trauma-Informed Leadership. With support from RIDOH's director, ASTHO will continue conducting this training activity into 2025.

Grant funding

For several years, stable funding for HEI included the State's allocation to OMH and federal funding for RHP. In 2024, HEI continued to receive support from the CDC's COVID-19 Health Disparities and Preventive Block grants.

Since 2021, HEI has managed the CDC's COVID-19 Health Disparities grant, a $19.7 million award that has supported COVID-19 response and recovery, and health equity infrastructure across the department. This funding supported many HEI projects, including the Data Academy, CLAS, ADA, translation work, several evaluations and assessments, and the HDC program. Beyond HEl, it also facilitated the expansion of the HEZ initiative, established RIDOH's Mobile Integrated Health and Community Paramedicine programs, funded multiple data quality improvement projects, and supported a variety of RIDOH programs to improve their services and address disparities worsened by the pandemic. As this funding closes in 2025, HEI will continue to explore partnerships and other funding models to sustain programming and staff.

Outlook for 2025

HEl has positioned itself to continue the work begun in 2024. A main goal for 2025 is to increase its focus on policy and systems to promote health equity more effectively and efficiently across sectors. HEl continues to host workforce development trainings on CLAS and health equity topics with various partners and will publish materials and reports developed in 2024. Also launching in 2025 is HEl's public health law research pilot project aimed at promoting effective regulatory, legal, and policy solutions to improve public health.

RHP has maintained its growth and will continue to expand services as needed to address health concerns within refugee communities. It will enhance its evaluation and project management strategies to better measure the impact of its work. RHP will also focus on increasing mental health supports for refugee populations and enhancing data management tools. Finally, HEI will continue to support both internal and external leadership and advocacy efforts by helping to build and brand the CHAE and collaborating with RIDOH leadership to develop a department-wide health equity strategic plan.

Acknowledgements

The Health Equity Institute extends deepest appreciation to its incredible team, whose commitment to advancing health equity is demonstrated in this report.

Michelle Wilson, Chief

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