

## ***Rhode Island Health Equity Zones***

### ***An Innovation Station Promising Practice***

**Purpose:** This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

### **Section I: Practice Overview**

<b>Location:</b>	Rhode Island	<b>Title V/MCH Block Grant Measures Addressed</b>
<b>Category:</b>	Promising	Addresses all National Performance Measures
<b>Date Submitted:</b>	5/2019	

### **Practice Description**

Rhode Island’s Health Equity Zone (HEZ) initiative is an innovative, community-led, place-based model that brings people in a defined geographic area together to create healthy places for people to live, learn, work, and play. Health Equity Zones start by building, expanding or maintaining a collaborative of diverse partners, conducting an assessment, and developing a plan to address the factors that keep people in their neighborhood from achieving their full potential. The Rhode Island Department of Health (RIDOH) provides flexible seed funding via four-year cycles to support the development of an effective, community-led infrastructure that can drive the transformation of policies and systems for healthier living over the long term.

### **Purpose**

The Rhode Island MCH program has identified addressing the social, economic, and environmental determinants of health as a Title V priority. This priority acknowledges the pervasive influence that the location where one lives, works, prays, and plays has on their health and health outcomes. Health is greatly influenced by the social, economic, and physical environments in which people live. These environments can create differences in the health status of groups of people. Examples of socioeconomic and environmental determinants of health include levels of unemployment, the availability of public transportation in a community, the availability of healthy food, and the quality of education that people receive. Generations-long social, economic, and environmental inequities, including poverty, racism, discrimination, and

their consequences, result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access healthcare. Reducing health inequities through policies, practices, and organizational systems can help improve opportunities for all Rhode Islanders. The most recent Rhode Island MCH Needs Assessment identified topics such as infant mortality, quality childcare, lead, after school care, asthma, obesity, mental health, teen pregnancy, maternal depression and prenatal care as areas of concern. Sustainable actions to address these concerns cannot occur without acknowledging the impact that access to resources, healthcare, transportation, healthy nutrition, the physical and built environment, and other policies and systems have on all these issues.

Rhode Island's Health Equity Zone (HEZ) model focuses on improving the health of communities at highest risk of adverse health outcomes, such as illness, injury, chronic disease, or poor maternal and child health outcomes, due to poverty or other social, economic, and environmental determinants of health. In Rhode Island, there is at least one HEZ in each of the state's five counties. Several are defined by inner-city neighborhood boundaries, several are city-wide, and one encompasses an entire county, largely rural in nature. Island's model is organized around a four-year funding cycle consisting of flexible funding, which helps communities develop their capacity to address the socioeconomic and environmental factors that prevent people in the community from achieving optimal health. HEZ funding supports the development of community infrastructure that elevates the voices of the residents and collaborative members and decides on and implements strategies to address community-driven priorities.

## Practice Foundation

The Health Equity Zones Theory of Change is rooted in the Life Course Theory and the Social Determinants of Health. We believe that if Rhode Island collaboratively invests in defined geographic areas to develop sustainable infrastructure and aligns a diverse set of resources to support community-identified priorities, then we will demonstrate positive impacts on the socioeconomic and environmental conditions driving disparities and poor health outcomes.

### Social Determinants of Health

Research shows that population-wide improvements in health outcomes cannot be achieved without addressing the underlying causes of inequalities in health outcomes. In "*A Framework for Public Health Action: The Health Impact Pyramid*," Thomas R. Frieden presents a high-impact approach to improving public health outcomes by focusing on efforts to address the social, economic, and environmental conditions of the places where we live, learn, work, and play (Frieden, 2010). This approach recognizes that achieving and maintaining good health is more likely when people are part of communities, schools, worksites, childcare, healthcare systems, and environments that promote health and healthy choices. **It also makes sense from an economic perspective: as a society, we spend an enormous amount on healthcare, yet 80 percent of our health is determined outside the doctor's office, and inside our homes, schools, jobs, and communities.**<sup>1</sup>

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<sup>1</sup> Based on frameworks developed by Tarlov, 1999 and Kindig, Asada, and Booske, 2008.

## Life Course Theory

The Life Course Theory, first discussed in the field of maternal and child health by Michael C. Lu and Neil Halfon in 2003, also emphasizes the importance of grounding public health interventions and response in an understanding of the socioeconomic and environmental determinants of health, as well as a commitment to equity and social justice. Further, the theory stresses that these efforts must focus on collective impact and move towards building capacity to address the determinants of health at the community level, rather than focusing on remediation and provision of services.

These new ways of thinking about population health challenge public health departments to shift away from agency-based, disease-specific models of doing business and towards high-impact, place-based approaches focused on building healthier, more resilient communities.

Additionally, several fundamental principles guide the work of HEZ Collaboratives, which are envisioned to be:

- Community-led (the voice of the community is upheld as the primary driver of decisions),
- Equity-based (devoted to eliminating health disparities),
- Place-based (defined geographically),
- Population-based (committed to all people within its 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), and
- Evidence-based (required to base all activities upon evidence-based strategies).

## **Core Components**

Core components are those essential practice elements which are observable and measurable.

The long-term goals of the Health Equity Zone initiative are to improve the health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes; improve birth outcomes; reduce health disparities; improve the social and environmental conditions of neighborhoods; and support the development and implementation of policy and environmental change interventions. We are advancing these goals by supporting communities to build the infrastructure needed to advance these goals, in line with community priorities. The core components of this program for communities that form Health Equity Zones are to identify a geographic region, develop a collaborative, perform a community assessment and prioritize needs, develop an action plan to address those priorities, and implement and evaluate the action plan. The core components for the state department of health implementing this initiative are to

implement appropriate structures for project and contract management, provide technical assistance to Health Equity Zones, and provide evaluation support to Health Equity Zones.

## Practice Activities

Core Component	Activities	Operational Details
<b>Identification of Geography</b>	<ul style="list-style-type: none"> <li>- Identify geographic region</li> </ul>	<ul style="list-style-type: none"> <li>- Minimum of 5,000 lives impacted</li> <li>- Must be contiguous region</li> <li>- Self-defined by applicant(s)</li> <li>- Applicant must have ties to the geography on behalf of which they are applying</li> </ul>
<b>Collaborative Development</b>	<ul style="list-style-type: none"> <li>- Organize or strengthen existing collaboration with diverse partners</li> <li>- Identify a “backbone” organization</li> </ul>	<ul style="list-style-type: none"> <li>- Partners may include residents, local government, community-based organizations, business owners, law enforcement, health systems, education, etc.</li> <li>- Must have resident voice at the table to ensure authentic community engagement</li> </ul>
<b>Community Assessment</b>	<ul style="list-style-type: none"> <li>- Conduct a baseline assessment of socioeconomic and environmental factors that drive health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- Assess both assets and barriers</li> <li>- Should build from existing assessments</li> <li>- Must have resident voice in the assessment and prioritization process</li> </ul>
<b>Action Plan Development</b>	<ul style="list-style-type: none"> <li>- Develop a formal “Action Plan”</li> </ul>	<ul style="list-style-type: none"> <li>- Must be endorsed by the by the community</li> <li>- Should build on community assets to address barriers and reflect community priorities</li> </ul>
<b>Action Plan Implementation</b>	<ul style="list-style-type: none"> <li>- Implement the Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>- RIDOH funds projects based on aligned resources</li> <li>- RIDOH provides support to the community in identifying and applying for resources to support the HEZ in addressing non-RIDOH funding strategies such as housing, criminal justice, food security, etc.</li> </ul>
<b>Sustainability Planning</b>	<ul style="list-style-type: none"> <li>- Develop a formal sustainability plan</li> </ul>	<ul style="list-style-type: none"> <li>- Should include plans to develop sustainable partnerships and secure funding for unmet needs</li> </ul>
<b>Project Management Structure</b>	<ul style="list-style-type: none"> <li>- Support HEZ through formal and informal technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>- RIDOH provides technical assistance on four core domains of the HEZ Project Lifecycle:               <ol style="list-style-type: none"> <li>1. Strong community collaboratives</li> <li>2. Fiscal accountability</li> <li>3. Programmatic implementation</li> <li>4. Evaluation and alignment</li> </ol> </li> </ul>

<b>Contract Management</b>	<ul style="list-style-type: none"> <li>- Transition from “contract management” to “investment partnership”</li> </ul>	<ul style="list-style-type: none"> <li>- Deploy HEZ Project Officers as liaisons to the community</li> <li>- Help partners solve contracting problems rather than terminating contracts for non-compliance</li> <li>- Build capacity within the community</li> </ul>
<b>RIDOH Technical Assistance</b>	<ul style="list-style-type: none"> <li>- Implement formal and informal technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>- Host bi-monthly HEZ Learning community events to foster collaborative learning and partnerships</li> <li>- Provide technical assistance workshops based on identified needs and priorities</li> <li>- Provide workshops based on core components of the HEZ model</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>- Develop and implement HEZ evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- Established Statewide Health Equity Indicators to track socioeconomic and environmental determinants of health at the community level</li> <li>- Implement project evaluation measures for evaluating success of the model</li> <li>- Convene evaluation group of HEZ community evaluators to establish shared performance measures to track performance</li> <li>- Move from reporting evaluation to empowerment evaluation</li> </ul>

## Evidence of Effectiveness (e.g. Evaluation Data)

### Evaluation Methods

After the first year of the initiative, which is focused on conducting a community assessment, each Health Equity Zone is required to develop an annual evaluation plan and action report. HEZ collaboratives develop their own evaluation questions and indicators to track the goals and collective impact of the diverse types of programmatic work they are engaged in within their community.

In addition, the Rhode Island Department of Health has developed five overarching evaluation questions, which are listed below. These evaluation questions are designed to capture progress of the Health Equity Zones in cultivating meaningful partnerships within their communities, advancing policy, leveraging additional funds to improve the sustainability of their work, engaging in community development, promoting facilitators and addressing existing barriers to success. Each HEZ community engages in thoughtful reflection each year and submits a report outlining their responses to the five questions. In addition, they are encouraged to use these five statewide evaluation questions to inform their specific programmatic evaluation plans. This enables RIDOH to compare findings across the Health Equity Zones statewide for these common questions.

The evaluation questions are listed below. Concepts to consider appear below each question.

## Evaluation Questions by Focus Area

Focus Area	Evaluation Question	Key Considerations
Partnership strength and development	How has the focus on health equity influenced your partnerships?	<ul style="list-style-type: none"> <li>• Representation/strength of the collaboration</li> <li>• Process of mobilization</li> <li>• Diversity of voice</li> <li>• Common agenda</li> </ul>
Resource Development and Financial Sustainability	What resources has your collaborative leveraged?	<ul style="list-style-type: none"> <li>• Financial</li> <li>• Personnel</li> <li>• In-kind</li> </ul>
Policy advancement	How has your health equity work allowed your collaborative to advance policy?	<ul style="list-style-type: none"> <li>• New policies passed</li> <li>• Contribution of partners to policy development process</li> </ul>
Community Development	What evidence exists that the Health Equity Zone initiative has influenced community development?	<ul style="list-style-type: none"> <li>• Community ownership</li> <li>• Structural changes</li> </ul>
Fostering Facilitators and Addressing Barriers	What major barriers and facilitators exist to doing health equity work?	<ul style="list-style-type: none"> <li>• Partnerships</li> <li>• Resources</li> <li>• Data availability</li> <li>• Efforts to address barriers currently or in the future</li> </ul>

The HEZ Implementation Team at RIDOH provides technical support by developing guidance and templates for HEZ evaluation plans and reports. The team also provides technical assistance to support HEZs in completing their evaluation plans and reports, and reviews and approves final evaluation plans and reports.

### Evaluation Findings

Thus far, nine Healthy Equity Zones across RI

- Formed community-led Collaboratives
- Conducted baseline community assessments
- Created Plans of Action targeting measurable outcomes based on effective strategies
- Implemented and evaluated Plans of Action

### Five Statewide Evaluation Questions

Earlier this year, RIDOH partnered with an evaluator from Brown University to review all the annual reports to date on the five statewide evaluation questions (page 6) to identify common themes, successes, challenges, and areas for improvement. The table below shares some key takeaways from this work:

Evaluation Question	Key Takeaways	Lessons Learned/Next Steps
How has the focus on health equity influenced your partnerships?	<ul style="list-style-type: none"> <li>- Over time there was an increase in trust and collaboration between HEZ participants and partners</li> <li>- Needs for more evaluation to characterize collaborative partnerships and level and quality of engagement from partners</li> </ul>	<ul style="list-style-type: none"> <li>- Identify or develop tools to better capture quality of engagement and trust in partnerships</li> <li>- Track the diversity of sectors represented within HEZ collaboratives</li> </ul>
What resources has your collaborative leveraged?	<ul style="list-style-type: none"> <li>- Total funds and other resources leveraged may be underreported in year-end reports</li> <li>- Recommendation for more frequent reporting of funds being leveraged in communities</li> </ul>	<ul style="list-style-type: none"> <li>- Implement more standardized and frequent method to capture funding/leveraging of resources</li> <li>- Distinguish between funds used to support HEZ infrastructure vs. funds used to implement programs</li> </ul>
How has your health equity work allowed your collaborative to advance policy?	<ul style="list-style-type: none"> <li>- Several HEZ worked on policy changes on many different levels</li> <li>- Unclear how residents were involved in policy efforts</li> </ul>	<ul style="list-style-type: none"> <li>- Identify or develop an evaluation strategy for better capturing policy changes and civic engagement</li> </ul>
What evidence exists that the Health Equity Zone initiative has influenced community development?	<ul style="list-style-type: none"> <li>- Many HEZs cited expansion of programs, additional partners, and increased community awareness as evidence of community development</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to support HEZs to increase community engagement and involve residents in community assessments, programs, and strategic planning</li> </ul>
What major barriers and facilitators exist to doing health equity work?	<ul style="list-style-type: none"> <li>- Staff turnover, limited or uncertain funding, difficulty generating and sustaining community engagement, and balancing the goals and requirements of multiple</li> </ul>	<ul style="list-style-type: none"> <li>- Involve evaluators from each HEZ in planning RIDOH's HEZ evaluation to streamline the process and reduce burden of reporting requirements</li> </ul>

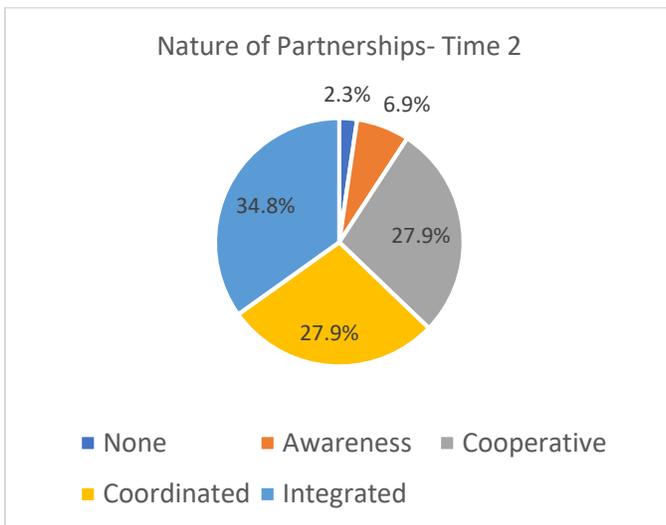
	funders were commonly mentioned barriers/challenges	- In future – may further explore barriers and facilitators to develop strategies to provide additional support or TA
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**Policy Level Results**

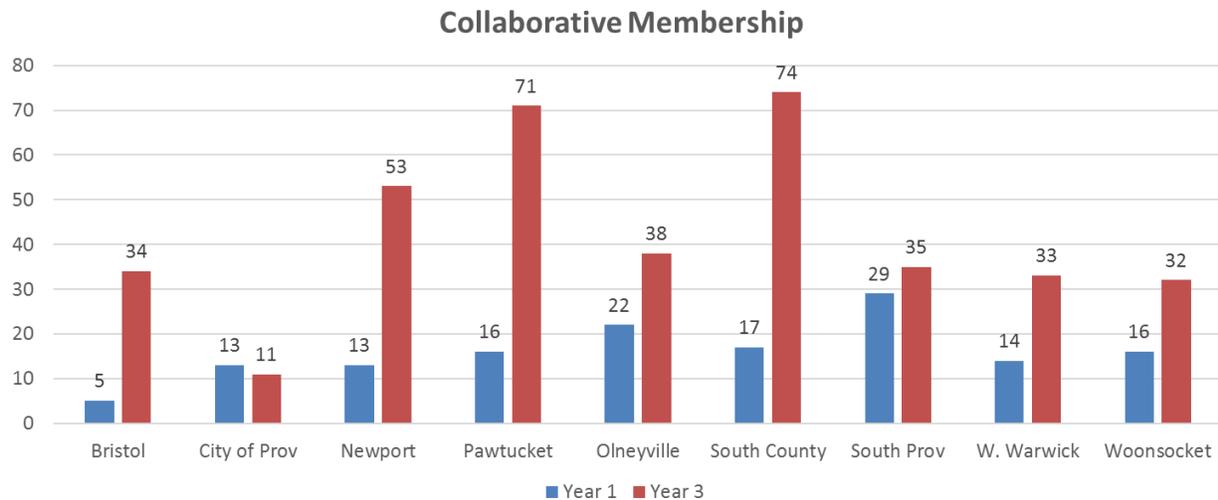
- Town ordinance banning cigarettes and vaping in parks. (Bristol)
- Green and Complete Streets ordinance – safe access to roads for all users, regardless of age, ability, or mode of transportation. (Pawtucket/Central Falls)
- Healthy Eating policy at recreation centers. (Providence)

**Program Level Results**

- Provided evidence-based mental health first aid and suicide prevention training to 1000+ partners. (Washington County)
- Implemented Walking School Bus program that boosted school attendance. (Olneyville)
- Trained and deployed Community Health Workers to build community-clinical linkages. (Multiple HEZs)
- Survey conducted in Jan 2017 and Feb 2018 shows:
  - Partners are more connected
  - The network is less centralized
  - Trust is high
  - Partners are more prepared to create mutually reinforcing activities and shared measurement practices – an objective for collective impact



HEZ Collaboratives have grown significantly over the past several years.



Additionally, the data below are culled from the HEZ specific, programmatic evaluation data and speak to the breadth of outcomes each HEZ is working on:

- **44%** ↓ in **childhood lead poisoning** (Pawtucket)
- **24%** ↓ in **teen pregnancy** (Central Falls)
- **13%** ↓ in **feelings of loneliness** (West End, Elmwood, & Southside Providence)
- **63%** ↓ in **elementary school absenteeism** (Pawtucket)
- **39%** ↑ in **SNAP sales** and **117%** ↑ in **new SNAP customers** (West Warwick)
- **36%** ↑ in **access to fruits and vegetables** (Olneyville)
- **46** people **diverted from the criminal justice** system to opioid treatment and recovery services (West Warwick)
- **163%** ↑ in **community engagement** (HEZs Statewide)

## Replication

This HEZ model is designed to use a specific structure (a community collaborative led by a backbone organization), follow a specific process (conducting a community assessment and prioritization process; developing a plan of action; implementing and evaluating the plan of action), and deploy this model in completely different communities throughout the state. Thus, our data thus far demonstrate success replicating this model in different communities across Rhode Island. Given the community-led nature of this work, adaptation is expected. In fact, embedded in the model is the expectation that each community will adapt this to their own context and need. Within this context, RIDOH provides support to ensure communities implement the model in line with public health principles and best practices.

## Section II: Practice Implementation

### Internal Capacity

HEZs are community-based (see partnerships below). However, at the state public health department, there is a team of dedicated individuals who provide support to the community and manage the HEZ program statewide. Descriptions of the roles and responsibilities of RIDOH's internal HEZ team are as follows:

- HEZ Policy and Leadership Team – Includes leadership from all funding areas, RIDOH's Executive Leadership Team, and RIDOH's Health Equity Institute. This group meets monthly and acts as a decision-making body, providing vision and direction for the initiative. The HEZ Policy and Leadership Team includes RIDOH's Director and Deputy Director, as well as several Division Directors and Center Chiefs.
- HEZ Implementation Team – Meets biweekly and includes Project Officers, a fiscal liaison, an evaluator, a communications specialist, a training and technical assistance coordinator, and a program assistant.
- HEZ Project Manager – Acts as a liaison between the HEZ Policy and Leadership Team and the HEZ Implementation Team and leads the internal operations for the statewide HEZ initiative. Coordinates the multiple components involved in implementing the initiative, including evaluation, communication, and technical assistance. This includes working directly with the HEZ Project Officers and other HEZ Implementation Team members to standardize and align communications, processes, and policies.
- HEZ Project Officers – Each HEZ Collaborative has a designated Project Officer from RIDOH, who provides day-to-day contract oversight for the HEZ Collaborative and acts as a liaison with the HEZ Collaboratives and backbone organization. Project Officers are free to garner in-kind RIDOH support as necessary using formal and informal channels and benefit from one another's experiences. Project Officers were selected based on the scope of work of the HEZ or existing relationships.
- HEZ Program Assistant – Provides support to the HEZ Project Manager, HEZ Project Officers, and other staff members as needed.
- Subject-Matter Experts (SMEs) – Internal RIDOH staff from various public health programs, who have expertise in the areas in which the HEZ Collaboratives are working.
- HEZ Technical Assistance and Training Lead – Training and technical assistance (TA) needs were identified for each HEZ Collaborative and for the statewide HEZ initiative. Individual TA is provided by SMEs and Project Officers. Statewide TA and training is delivered through a Learning Community.
- HEZ Fiscal Lead – Supports the day-to-day operations of each HEZ contract, including processing budget revisions, tracking expenditures, and providing technical assistance for all financial management matters.
- HEZ Evaluator – An evaluator is responsible for providing technical assistance to the HEZ Collaboratives to help them complete their individual annual evaluation plans and reports.
- HEZ Communications Specialist – Responsible for developing and implementing a strategic communications plan to support the HEZ initiative and providing technical assistance to the HEZ Collaboratives. Supervised by RIDOH's Deputy Communications Director, who also provides part-time support to the HEZ initiative.

## Collaboration/Partners

Health Equity Zones start by building, expanding or maintaining a collaborative of diverse partners that includes municipal leaders, residents, businesses, transportation officials, local housing authorities, healthcare partners (including community mental health centers), payers, hospitals, community planners, law enforcement, and education systems, among others. These collaboratives are a defining feature of the Health Equity Zone model and are designed to provide an effective, community-led infrastructure that can drive the transformation of policies and systems for healthier living over the long term. Collaboratives are expected to demonstrate meaningful, authentic engagement of all stakeholders, providing a unified vision and effective platform for collective action at the local level. To this aim, collaboratives utilize collective decision-making and define their own governance structure.

Each HEZ is also required to identify a local “backbone organization” – such as a community organization, health center, or local government office that facilitates the community-led process, receives and disburses funding on behalf of the HEZ, and serves as the primary point of contact for the HEZ. Backbone organizations play a critical role in the HEZ model, as they provide the “glue,” or critical infrastructure, necessary to support the model’s collective impact approach.

## Practice Cost

Budget			
Activity/Item	Brief Description	Quantity	Total
HEZ Infrastructure	Includes support collaborative coordination (staff), community engagement strategy (e.g. stipends, food, community events), evaluation (community assessment and initiative evaluation), and partner engagement (collaborative support)	10	\$150,000 per HEZ
RIDOH Personnel	Staff time to support the HEZ initiative. Includes salary and fringe		\$700,000
Consultants	Includes consulting staff and consulting support for the HEZ Learning Community		163,000
<b>Total Amount:</b>			<b>\$2.4M annually</b>

## Practice Timeline

The HEZ model is designed to be implemented over the course of 4-5 years, but it is also intended to disrupt the traditional community grant lifecycle by providing supportive funding over a longer period of time, as determined by the community. This timeline allows RIDOH to support communities in developing the infrastructure necessary to understand their unique assets and needs, and build a funding portfolio that supports their needs, not the needs of funders. This is accomplished through the development of a strong collaborative that is reflective and comprised of the community who will be impacted by the work, the implementation of a formal assessment of needs and barriers experienced by the community and assets the community has to address those needs and barriers, and the establishment of a formal plan of action based on the unique blend of assets and needs for that community, by that community, and agnostic to the priorities of a specific funder or funding sector.

Phase	Description of Activity	Date/Timeframe	Person(s) Responsible
<b>Identification of Geography</b>	Identify the geographic region where the HEZ will be located	Pre-Application	Community wishing to create a HEZ
<b>Collaborative Development</b>	Establish a collaborative	Pre-Application, Year 1, Quarter 1	Community, with support of backbone organization and RIDOH HEZ Project Officer
	Grow collaborative and actively engage residents	Year 1, Quarter 1-then ongoing in perpetuity	
	Establish governance model for collaborative	By the end of Year 1	
<b>Community Assessment</b>	Conduct assessment of community assets and barriers	Year 1, Q1-Q2	Community, with support of backbone organization, RIDOH HEZ Project Officer, and RIDOH HEZ Evaluator
	Assessments should be broad in nature and not focused only on health priorities	Year 1, Q1-Q2	
	Should include assessment of Statewide Health Equity Indicators	Year 1, Q1-Q2	
	Must be community focused and facing, with a strong response from the community who will be impacted	Year 1, Q1-Q2	

<b>Action Plan</b>	Should address barriers and build on assets of that community	Year 1, Q3-Q4	Community, with support of backbone organization and RIDOH HEZ Project Officer
	Must be informed and endorsed by the community members	Year 1, Q3-Q4	
	Should be the basis for what is currently possible, and aspirational to attract support	Year 1, Q3-Q4	
	Must be a produced plan that can be shared	Year 1, Q3-Q4	
<b>Project Implementation</b>	Implement projects that address priorities and needs with existing funding streams available	Year 2, Q1-Q4	Community, with support of backbone organization, RIDOH HEZ Project Officer, and RIDOH HEZ Evaluator
	Work with RIDOH to source and solicit funding for unmet needs	Year 2, Q1-Q4	
	Refine and articulate priority and action plans to align potential resources to support implementation	Year 2, Q1-Q4	
	Evaluate impact and performance of program and project implementation to demonstrate effectiveness	Year 2, Q1-Q4	
<b>Project Implementation</b>	Scale successful projects	Year 3, Q1-Q4	
	Solicit additional funding for needs still unmet	Year 3, Q1-Q4	
	Evaluate impact and performance of program and project implementation to demonstrate effectiveness	Year 3, Q1-Q4	

<b>Sustainability Planning</b>	Using performance evaluation, develop reports on impacts to date	Year 4, Q1-Q2	Community, with support of backbone organization, RIDOH HEZ Project Officer, and RIDOH HEZ Evaluator
	Solicit additional funding for needs still unmet	Year 4, Q1-Q4	
	Develop formal sustainability plan	Year 4, Q3-Q4	
<b>Sustainability Implementation</b>	Solicit additional funding for needs still unmet	Year 5, Q1-Q4	
	Coach new community partners on how they have built sustainable partnerships	Year 5, Q1-Q4	
	Implement Sustainability Plan	Year 5 and beyond	

## Resources Provided

- [General information about RIDOH's Health Equity Zone Initiative](#)
- [Health Equity Zones brochure](#)
- [Health Equity Zones fact sheet](#)
- [Rhode Island's Health Equity Zones: Addressing Local Problems with Local Solutions](#)
- [Statewide Health Equity Indicators](#)
- [ASTHO President's Challenge: Core Principles for Building Community Resilience](#)
- [Rhode Island's Health Equity Zone Initiative White Paper](#)

## Lessons Learned

### ***Collaborative Development***

One lesson learned is that backbone organizations must have strong support and infrastructure to effectively strengthen their HEZ Collaboratives. In Rhode Island, backbone organizations with demonstrated experience leading partnerships have generally had the most success in developing and maintaining engaged HEZ Collaboratives.

### ***Community Assessments***

Another lesson learned is that the quality and detail included in the community assessments conducted by the first cohort of HEZs varied widely. Providing more specific guidance on what to include in these assessments may have resulted in higher-quality assessments across the HEZ Collaboratives. Since the community assessments form the foundation for the plans of action

implemented by each HEZ, supporting the development and implementation of high-quality assessments is important.

### ***Funding and Work Plan Development***

As RIDOH progressed from model development to implementation, another important lesson learned was that different partners have vastly different levels of expertise and capacity to manage the programmatic and fiscal components of the HEZ initiative. In Rhode Island, state fiscal rules require the HEZ backbone organizations to comply with a cost reimbursement process. Collaboratives in areas where community infrastructure is still very grass roots or newly established may not have organizations fully prepared to represent the Collaboratives as the backbone organization, due to the fiduciary and programmatic responsibilities associated with that role.

We recommend taking these factors into consideration as funding is awarded to backbone organizations who will be responsible for managing operations for HEZ Collaboratives. Scaling investments to reflect the readiness of the community may be an important step in ensuring that HEZs can grow in areas where federal resources are not typically invested at great volume. One option is to consider a period of capacity development for communities who want to build an infrastructure to support a HEZ Collaborative, but who are not yet ready to do so.

### ***Action Plan Implementation***

In years 2-3, HEZ Collaboratives focused on implementing their plans of action. This phase of work required them to leverage local resources – including fiscal resources, in-kind donations from community partners, and engagement by residents of the HEZ – to support their implementation activities.

One lesson learned is that to successfully transition to implementation of their action plans, HEZ Collaboratives had to strengthen their community engagement efforts. Across the first cohort of HEZ Collaboratives, initial community engagement was often limited to organized groups who 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 and impact of interventions.

RIDOH also learned that sustaining and growing community support for the HEZ initiative requires careful decisions about desired objectives for specific interventions. It takes time for contributing partners to fully commit to the HEZ concept. Funding is often perceived as limited and tenuous, and success is dependent upon a variety of factors. Partners, investors, policy makers, and community members must see that the HEZ initiative is working to be most willing to commit scarce resources. Saul Alinsky’s core principles of community organizing – to focus on “immediate, specific, and winnable” issues – can help build support for the initiative and maintain morale (Miller, 2014). The best strategy is often to start with “low-hanging fruit,” approaches that are quick to complete (immediate), visible (specific), and certain to work with available resources (winnable).

Another lesson learned is the importance of making flexible, expert support available to HEZ Collaboratives as they implement their plans of action. RIDOH served as the primary immediate

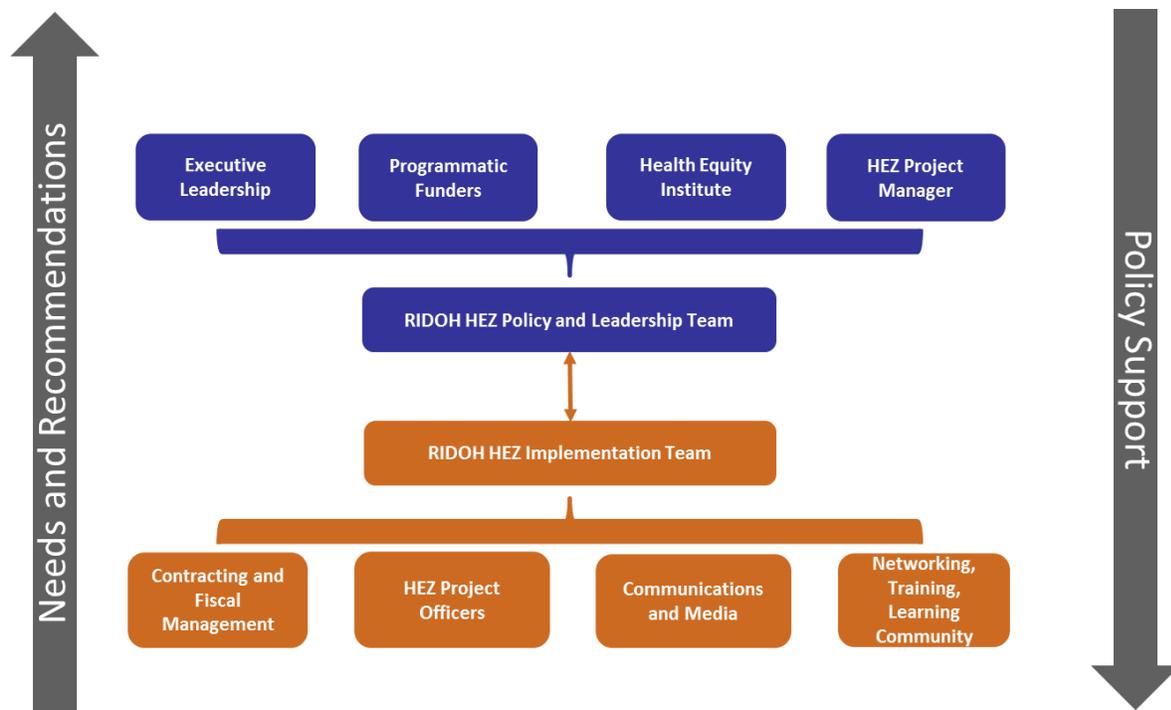
source of such support for its first cohort of HEZ Collaboratives, primarily through in-kind support from RIDOH staff members dedicated to other public health projects. To ensure adequate support for HEZ Collaboratives, RIDOH has found it necessary to provide continued training and technical assistance for staff members and members of HEZ Collaboratives, enhanced by the thoughtful and complex alignment of routine public health programs with HEZ initiatives.

**RIDOH Internal Management Structure**

During its critical start-up period, RIDOH developed a team to provide oversight and support for the HEZ backbone organizations. RIDOH chose team members for their experience in program development, program management, and community organizing. All had significant experience with public health surveillance and data-based planning, and all were committed to the ideals underlying the HEZ initiative.

RIDOH has adapted its internal infrastructure over time in response to new demands and lessons learned. The internal infrastructure map in Figure 3 was developed to address two of these lessons. The first was that decisions should be made collectively to ensure clear understanding of the decisions by everyone involved in the initiative. The second was that information should flow up from the community through the Implementation Team to ensure decision making was not conducted in a top-down manner.

**Figure 1: HEZ Collective Decision-Making Framework**



Several lessons learned during the first few years of RIDOH's HEZ initiative could help strengthen the internal management of similar initiatives in other states and communities. First, it can be challenging to find enough time to effectively support and guide HEZ Collaboratives. Project Officers and subject-matter experts have competing priorities and responsibilities, and the administrative aspect of the initiative can be very time consuming. Clarifying the roles of Project Officers and subject-matter experts in providing information and support to HEZ Collaboratives could help this process run more smoothly. RIDOH is also working to provide more opportunities to involve Project Officers in decision making and problem solving, and to identify more professional development opportunities for Project Officers in this emerging field of public health.

### ***External Management Structure***

RIDOH utilizes a model where HEZ team members collaborate and make decisions collectively, in line with the collective impact framework, focused on shared goals. This framework extends into the community, where RIDOH's internal HEZ Project Officers serve as liaisons between RIDOH and the community, and work to better understand the needs of the community. Similarly, Project Coordinators at each HEZ backbone organization facilitate the collective decision making of their broader community-based HEZ Collaboratives.

In order for collective impact to be successful, the following five conditions must be met (Kania and Kramer 2014):

1. Each HEZ Collaborative must create a common agenda.
2. Each HEZ Collaborative must share a measurement system that tracks indicators of success.
3. Each HEZ Collaborative must work together on mutually reinforcing activities.
4. Each HEZ Collaborative must engage in continuous communication.
5. Each HEZ Collaborative must identify a backbone organization that supports and facilitates the collaborative process at the local level.

Uniquely, RIDOH serves as the support organization that coordinates and facilitates the collective process for HEZs statewide. To this end, RIDOH has worked with its sister agencies to develop a common "health equity" agenda for the state through:

- the promotion of its Health Equity Framework;
- the development of a set of 23 population health goals towards which agencies within the State's Executive Office of Health and Human Services are working; and
- a focused effort on scaling up community-led, place-based models like the HEZ initiative.

RIDOH has also worked to integrate and align policies and programs at the state level to leverage resources and create mutually reinforcing strategies for maximum impact. Finally, RIDOH has worked to develop cross-cutting [statewide health equity indicators](#) through its [Community Health Assessment Group](#) (CHAG).

As appropriate, RIDOH expects HEZ Collaboratives to align and integrate their work with that of other state and local agencies and RIDOH programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Family Planning programs.

One lesson learned is that adopting a collective impact model for internal decision making has represented a culture change for RIDOH staff and leadership, who could benefit from professional

development in this area. In addition, RIDOH has learned that clear expectations and communications are important components of establishing an effective external management structure for this initiative.

### ***HEZ Learning Community***

To build local capacity to conduct the complex work required of HEZs, RIDOH established the HEZ Learning Community to provide training and technical assistance (TA) to HEZ Collaboratives. The HEZ Learning Community plays a critical role in supporting HEZ Collaboratives to navigate challenges presented by this new and innovative community-led model that emphasizes the role of place and multi-sector collaboration in addressing socioeconomic and environmental determinants of health.

At RIDOH, we select topics and formats for HEZ Learning Community sessions based on regular assessment of HEZ-identified learning needs and preferences, including through annual surveys, facilitated discussions, Project Officer and RIDOH program feedback, and responses to session evaluations. Based on this input, workshops are developed in partnership with relevant programs, consultants, HEZ Collaborative members, and other stakeholders. One lesson we learned through this process is to engage HEZ Collaboratives more actively in planning HEZ Learning Community workshops and events, to better meet their needs, cultivate buy-in, and ensure fuller participation in learning sessions.

### ***Evaluation***

RIDOH's evaluation strategy has continued to evolve throughout the early years of this initiative, as new evaluation questions have surfaced and as RIDOH and its community partners have adjusted to this new model. Through this process, one lesson learned is that it would be helpful to clearly outline expectations for reporting, evaluation, and accountability in the RFP issued for the initiative. Requiring some level of awarded funding (e.g., 10 percent) to be used for data and evaluation could help ensure quality evaluations are conducted across HEZs. In general, prioritizing evaluation and ensuring adequate staff support for evaluation will improve all parties' ability to understand how the HEZ model is being implemented and whether progress is being made towards identified outcomes over time.

### **Next Steps**

In Summer 2019, RIDOH expanded support and funding to three new communities to establish new Health Equity Zones in communities across Rhode Island. RIDOH also awarded additional funding to seven existing Health Equity Zones to continue their work in local communities. In addition, through the Association of State and Territorial Health Officials 2019 President's Challenge and other channels, RIDOH is providing information and technical assistance to public health practitioners across the country to encourage investment in community-led, place-based initiatives like Rhode Island Health Equity Zones.

In addition, RIDOH has explored additional evaluation of its internal structures and processes, as they relate to implementing the HEZ initiative. The goal is to identify internal improvements that will ultimately help us to strengthen, validate, and expand the HEZ model. The findings from the evaluation review conducted in partnership with Brown University (page 7) guided the development of a new logic model and evaluation plan focused on measuring key aspects of the

HEZ model. The quarterly and annual evaluation tools that will be implemented as part of this new evaluation plan are intended to better capture progress towards overarching goals of the HEZ model, such as building a culture of collaboration and fostering sustained engagement with diverse partners; receiving, managing, and sustaining funding from multiple sources; and aligning the work of the HEZ with statewide goals and strategies to address social, economic, and environmental determinants of health and health equity.

### Practice Contact Information

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