Rhode Island's Health Equity Zone Initiative

A Model for Building Healthy, Resilient Communities

Background

Rhode Island, like many other states, has made strides over the last decade to improve population health outcomes. However, disparities persist, and certain communities continue to experience a much higher burden of disease and poor health outcomes than others. In addition, even though the United States leads the world in medical research and medical care, on some of the most important indicators – like how long we live – we are not even in the top 25. Even more alarming, we have seen a decline in life expectancy over two consecutive years for the first time in over 50 years (Kochanek, 2017).

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.**[a]

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.

This paper describes how the Rhode Island Department of Health (RIDOH) has changed the way it carries out its mission by focusing on addressing the socioeconomic and environmental determinants of health, eliminating health disparities, and achieving health equity. It also describes the key components of its Health Equity Zone initiative – a new, place-based model designed to build healthier, more resilient, and more just communities, scaling up across the state, and validated for replication in other states.

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[a] Based on frameworks developed by Tarlov, 1999 and Kindig, Asada, and Booske, 2008.

History: Building capacity for place-based initiatives

Public health resources are insufficient to achieve optimal outcomes without collaboration from the communities served. Strong collaboration between government and the community, if carefully developed and maintained, can attract financial investment, in-kind resources (valuable assets or labor contributed free of charge), and social capital (social networks, which can help disseminate information and coordinate human effort) in the service of public health goals (Healthy People). Place-based initiatives provide an especially effective model, because they operate on a par with the social networks that form naturally in communities and that are essential for the daily functioning of those communities (Valente, 2010).

Yet as the scope of public health has expanded in the United States, so has the importance of state and especially national influence on public health priorities. Over the past several decades, funding for public health has shifted dramatically from state- and community-based funding to federal funding. Most federal funding is categorical (earmarked for specific purposes) and dispersed through "cooperative agreements" to state health departments, rather than grants. This approach has helped standardize the practice of public health across the nation, but at the expense of flexibility to address diverse local needs (American Public Health Association, 2014). Public health planning and priority-setting have also grown increasingly centralized at the state and local levels. These activities are limited by the restrictions on the use of categorical funding in cooperative agreements. This risks leaving local stakeholders feeling disenfranchised and less likely to invest time, resources, and social capital in projects from which they feel distant.

RIDOH has a long history of investment in community-based public health models, and has built capacity over the last decade for enhanced community involvement in public health through place-based initiatives. In 2006, RIDOH elevated work focused on health equity from the office to the division level, then developed collaborative, in-house "teams" of public health professionals across related state- and federally-funded programs within the Department, which traditionally had operated separately, siloed according to funding stream. Along the way, RIDOH systematically focused on building a more racially and ethnically diverse workforce that was more sensitive to racial and ethnic concerns, enhancing work with newly-arrived immigrants and other ethnically diverse communities across the State.

During this time, RIDOH also adopted and adapted the Centers for Disease Control and Prevention (CDC)'s "Health Impact Pyramid' ("HIP") as a framework for assessing the potential effectiveness of programs (Frieden, 2010). RIDOH adapted the HIP by adding three fundamental principles to consider when developing and evaluating public health programs:

- Make collaboration with community partners in all sectors and at all "levels" a key process goal in every function of public health (assessment, policy development, and assurance), integrating public and private efforts in the process.
- Take a "life course" approach in all programs, where applicable and possible, envisioning traditionally age-specific programs as elements in an integrated continuum, with transitions to be smoothed and gaps to be filled in the "life course" experience.

- Consider, in every program, the emotional and social needs “competencies” of the people served.

RIDOH represented these principles by framing the HIP with the three fundamental principles built in. RIDOH renamed this framework the “Equity Pyramid,” which was then adopted by all divisions at RIDOH as the Department's “Health Equity Framework” (Figure 1).

Figure 1: RIDOH Health Equity Framework

This pyramid is adapted from Thomas Frieden, MD, MPH’s Health Impact Pyramid presentation at the Weight of the Nation Conference, Washington, D.C., July 27, 2009.

RIDOH built upon these assets and long-standing collaborations with a broad base of community stakeholders by funding eight “Centers for Health Equity and Wellness” (“CHEWs”) from 2012 to 2015. RIDOH solicited proposals from community-based organizations serving low-income neighborhoods in Rhode Island. Within this work, RIDOH emphasized its goal to advance the national strategic direction “to create, sustain, and recognize communities that promote health and wellness through prevention” via evidence-based programs designed to address either chronic disease and its risk factors or key maternal and child health priorities (National Prevention Council, 2011). Funded projects resided in three low-income “core city” areas, or communities in which more than 25% of children live in poverty. RIDOH founded the Health Equity Zone model, based on lessons learned from the CHEW initiative.

Rhode Island's Health Equity Zone initiative

Rhode Island's Health Equity Zone initiative is an innovative, community-led, place-based model that brings people in a defined geographic area together and invests in helping them build the infrastructure needed to achieve healthy, systemic, and sustained changes at the local level. The model focuses on improving the health of communities at highest risk of adverse health outcomes, such as obesity, illness, injury, chronic disease, or poor maternal and child health outcomes, due to poverty or other social, economic, and environmental determinants of health. The goal is for everyone in the community to have the opportunity to live a healthy life – no matter who they are or where they live.

Description

This community-led model focuses on building healthier communities in geographically defined "Health Equity Zones" (HEZs): contiguous geographic areas that are small enough for the initiative to have a significant impact on improving health outcomes, reducing health disparities, and improving the socioeconomic and environmental conditions of the neighborhood(s), yet large enough to impact a significant number of communities. In Rhode Island, we determined that a HEZ must serve a population of at least 5000 people. HEZs can be defined by political boundaries (e.g., counties, cities, wards) or by less defined boundaries (e.g., neighborhoods). There is at least one HEZ in each of Rhode Island's five counties. Several are defined by inner-city neighborhood boundaries, several are city-wide, and one spans an entire county. The populations of the HEZs range from about 5,500 (the Olneyville neighborhood) to 178,000 (the City of Providence). Two of the neighborhood HEZs are located within the geographic bounds of another city-wide HEZ (the City of Providence—Rhode Island's largest and one of its most diverse cities).

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.

Each HEZ is also required to identify a local "backbone organization" – such as, but not limited to 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.

Rhode Island's model is organized around a four-year funding cycle, during which HEZs are required to complete the following activities:

- **Organize:** Build, expand, or maintain a community-based collaborative to focus on a collective impact.

- **Assess:** Conduct a baseline assessment of the health status of residents living within the HEZ.

- **Plan:** Through a community prioritization process, develop a plan of action informed by the community needs assessment.

- **Do:** Implement the plan of action, relying primarily on evidence-based strategies.

- **Evaluate and report:** Collect information on the implementation of the action plan and provide regular reports to RIDOH.

- **Develop a sustainability plan:** Develop a plan to sustain the work of the HEZ Collaborative beyond the initial four-year grant period.

Fundamental Principles

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).

Funding

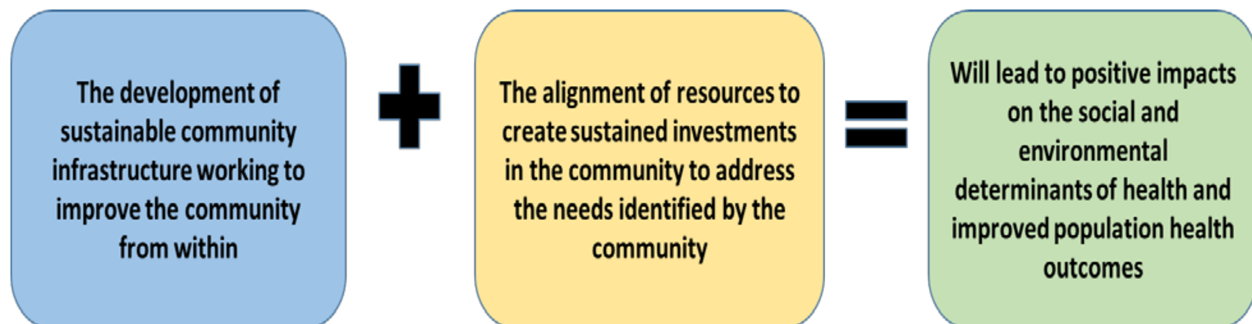
Another defining feature of the model is flexible funding, which helps communities develop their capacity to address the socioeconomic and environmental factors that prevent people in the community from being as healthy as possible. Traditionally, public health departments have provided communities with separate sources of funding to implement specific programs or address specific health concerns, such as diabetes or cancer. The Health Equity Zone model braids together state and federal funds from several sources, so that communities can work together to achieve shared goals for sustained community health and economic well-being.

In Rhode Island, this grant funding is viewed as an initial seed investment to build capacity and spark community development. This initial funding is repeatedly described not as just a 4-year project, but rather as a foundation of support for the HEZ that is to be leveraged by additional investments to create transformational policies and conditions for success. RIDOH is working with communities to identify sustainable investments with flexible funding to maintain and expand their efforts over the long term.

Theory of Change

The model rests on the following theory of change (Figure 2): "*If* Rhode Island collaboratively invests in defined geographic areas to develop sustainable infrastructure, and aligns a diverse set of resources to support community-identified needs, *then* we will positively impact the socioeconomic and environmental conditions driving disparities, and improve health outcomes."

Figure 2: Theory of Change



Process and Lessons Learned

In 2015, RIDOH initiated a competitive process to fund the first cohort of HEZ Collaboratives over a four-year period. This section describes how Rhode Island implemented the HEZ model for this first cohort, and provides lessons learned for other states and communities.

Request for Proposals

RIDOH issued a request for proposals (RFP) to fund the first cohort of HEZ Collaboratives. Rhode Island received diverse proposals in response to the RFP, and awarded three million dollars to 11 HEZ applicants in 2015. Of these, ten remained, by the time the initiative entered its second year of funding, after which the backbone organizations had received funds, hired staff, and built the collaborative infrastructure necessary to organize the stakeholders in each HEZ for addressing the socioeconomic and environmental determinants of health in the community.

Collaborative Development

As a condition of funding, each HEZ was required to build, expand, or maintain a community-based collaborative. If a strong, inclusive, community-based collaborative did not already exist in the geographic area, the HEZ had to dedicate the first six months of Year 1 to building one. RIDOH encouraged HEZs to engage diverse partners in their collaboratives, including municipal leaders, residents, businesses, transportation and community planners, law enforcement, education systems and health systems, among others. HEZs were also urged to ensure meaningful participation by diverse racial and ethnic groups, communities of sexual orientation and gender identity, individuals living with disabilities, youth, and elderly residents, and to use a collective impact framework to coordinate their work towards shared goals.

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 Needs Assessments

Each HEZ was required to conduct a baseline assessment of the quality of living status of their HEZ residents in Year 1, after forming a HEZ Collaborative with the backbone organization identified, and with the Collaborative's advice and guidance. The purpose of the assessments was to identify and to describe inequities of interest and importance to the community, including the socioeconomic and environmental factors that drive health outcomes, such as family supports and youth development, transportation, and the availability and affordability of food, housing, and recreational opportunities. HEZ Collaboratives could use existing data in their assessments, and were encouraged to collect additional data as needed (e.g., through sample surveys) to develop a plan of action.

RIDOH encouraged HEZ Collaboratives to assess the needs of their communities broadly, even though the likelihood was high that funding would not be immediately available to address every identified need. A comprehensive needs assessment provides the opportunity for community-identified needs and priorities to drive the collective work of HEZ Collaboratives over the long term. It also provides opportunities for RIDOH to coordinate with its sister agencies on an ongoing basis to redirect and identify additional sources of funding to address specific community needs. Despite encouraging the HEZ Collaboratives to think broadly about their community needs, RIDOH found that it was important to be transparent from the outset about the types of funding likely to be available over the short term.

Another lesson learned is that the quality and detail included in the community needs 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 needs assessments form the foundation for the plans of action implemented by each HEZ, supporting the development and implementation of high-quality needs assessments is important.

Plans of Action Development

RIDOH required each HEZ Collaborative to engage in a community prioritization process to develop a plan of action in Year 1 informed by their community needs assessments. Strategies to address identified needs had to be selected from a list of evidence-based strategies that RIDOH developed for the HEZs. RIDOH learned the importance of clearly specifying that HEZ interventions should rely primarily on **evidence-based strategies** to address their objectives, to support the ongoing evaluation of the structure, processes, and outcomes of all interventions implemented by the HEZ Collaboratives. Along with their backbone organizations, HEZ Collaboratives were also encouraged to select strategies that addressed high-impact activities (i.e., activities that are as close as possible to the base of the equity pyramid, such as environmental determinants of health). Strategies could also address lower-impact activities (e.g., health screening), but the plans of action had to align higher- and lower-impact activities so that they supported and mutually reinforced each another.

Funding and Work Plan Development

The RFP specified that following the first year of funding, funding for each HEZ could be renewed for three 12-month periods contingent upon successful completion of contract deliverables, available funding, and each Collaborative's ability to maintain designation as a HEZ.

When RIDOH created the HEZ initiative, no dedicated funding for "health equity" or "Health Equity Zones" existed. In addition, the Department's existing grants management infrastructure did not support the braided funding necessary for implementing the model, so RIDOH had to develop new processes and tools for submission and tracking of budgets to better identify what expenses could be paid under the different accounts supporting the initiative.

RIDOH developed work plan templates to coordinate the implementation of complex state and federally funded initiatives across the HEZs. For federal grants, this process also helped link the funding and activities of each HEZ to the "grant awards tasks" of the federal funders, to ensure accurate reporting back to the federal funders. RIDOH developed a list of strategies (e.g. Food and Nutrition, Maternal and Child Health, Cross Cutting) to help organize the work plans across HEZ Collaboratives, then allocated multiple funding sources across every budget line for each HEZ Collaborative, based on funding available within each strategy area. Those allocations were then aligned with the activities proposed in each HEZ's work plan. Since monthly invoices were paid based on the budgeted allocations, RIDOH required expenses to be reconciled at the end of each contract period, and made adjustments to ensure funds were distributed appropriately.

Sharing this level of detail concisely became a challenge as RIDOH began to implement the initiative with the first cohort of HEZs. Similarly, it became difficult to manage the complexity of budget redirections due to the diverse funding within each line item. In response to these challenges, RIDOH developed a spreadsheet to capture the total percent spent by line item and funding source, to be used for year-end reconciliation, as well as a simplified template to be completed by each HEZ for budget redirection requests. RIDOH also developed monthly reporting forms that could be used to report on grant deliverables to ensure compliance with federal grant reporting requirements.

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.

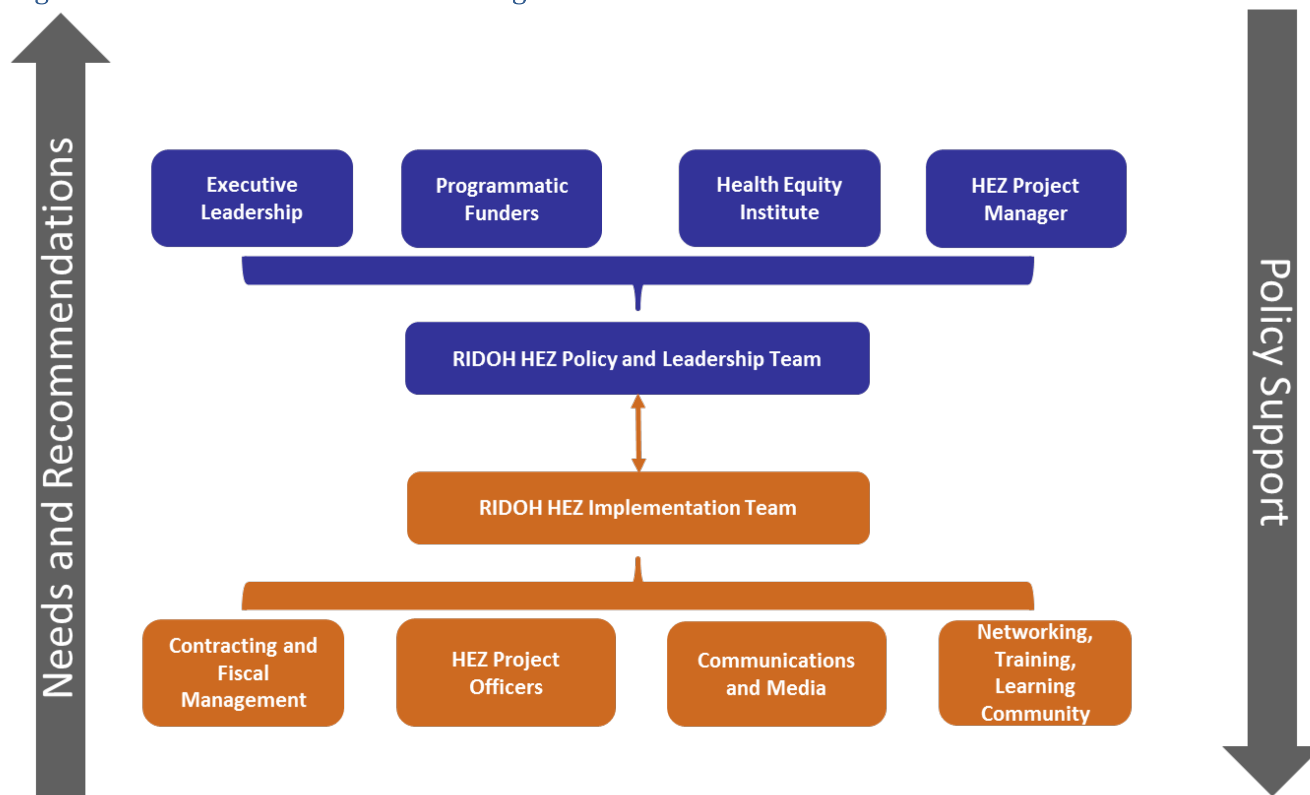
RIDOH Internal Management Structure

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 3: HEZ Collective Decision-Making Framework



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 newly-established Health Equity Institute. This group meets monthly and acts as a decision-making body, providing vision and direction for the initiative.
- ***HEZ Implementation Team*** – Meets weekly and includes Project Officers, a fiscal liaison, evaluators, a communications specialist, and a training and technical assistance coordinator.
- ***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 are able to benefit from one another's experiences. Project Officers were selected based on the scope of work of the HEZ or existing relationships.
- ***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.
- ***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 the Learning Community. (See below for more information about the 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.
- ***Evaluators*** – Two RIDOH evaluators are responsible for providing technical assistance to the HEZ Collaboratives to help them complete their individual annual evaluation plans and reports. (See below for more information on evaluation.)
- ***Communications Lead –*** Responsible for developing and implementing a strategic communications plan to support the HEZ initiative, and providing technical assistance to the HEZ Collaboratives. (See below for more information on communication.)

RIDOH convenes the HEZ Team regularly under the guidance of the Director of RIDOH's Health Equity Institute, RIDOH's Executive Director, and the Associate Director of RIDOH's Division of Community Health and Equity. (These three "champions" meet regularly with the Director of Health and program staff across the Department to support the HEZ initiative.) In these meetings, HEZ Team members share recent successes and challenges, help one another analyze current and anticipated issues, and think about ways to address these issues, including by engaging and applying in-kind resources from RIDOH and other state agencies. These ideas are explored further at division and Department levels.

The HEZ Collaboratives benefit from well-organized support from experienced public health professionals, led by champions who are able to flexibly and quickly identify additional supports across the Department, as needed. This work is enhanced thanks to the substantial groundwork laid by RIDOH staff, including high-level leadership, over the past decade to address health inequities across Rhode Island.

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 all of the 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 all of the agencies within the State's Executive Office of Health and Human Services are working[b]; and
- a focused effort on scaling up community-led, place-based models like the HEZ initiative.[c]

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

Based on frameworks developed by Tarlov, 1999 and Kindig, Asada, and Booske, 2008.
alth.ri.gov/about/strategicframework for the list of population health goals.
[c] As President-Elect of the Association of State and Territorial Health Officials (ASTHO), RIDOH's Director of Health, Nicole Alexander-Scott, MD, MPH, has made this a central tenet of her 2019 ASTHO President's Challenge, which centers around the theme of "Building Healthy and Resilient Communities."

develop cross-cutting health equity measures statewide through the Community Health Assessment Group (CHAG). (See below for more information on the 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 a number of 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.

Although many HEZ Collaboratives have experience working in partnership with other organizations, the HEZ approach requires them to forge new relationships and to adopt a different way of conducting their work. In addition, as diverse collaboratives of community-based organizations, municipal leaders, businesses, educators, health care providers, and residents, HEZs include a range of expertise and skill levels. To address these challenges, RIDOH recognized the importance of making strategic investments in training and TA learning opportunities.

The HEZ Learning Community is designed to provide members of HEZ Collaboratives with the skills, tools, and information that they need to build the strong and effective community infrastructure necessary to address socioeconomic and environmental determinants of health at the local level. Through HEZ Learning Community workshops and events every two months, and on-site consultation, HEZs receive training and TA in a dynamic, interactive environment that incorporates core principles of adult learning: active engagement of learners, leveraging of knowledge and experience, and use of practical, hands-on approaches that provide information that can be quickly applied. In addition to utilizing internal and external subject matter experts, HEZ Learning Community sessions leverage the knowledge base of HEZ Collaboratives through peer-to-peer mentoring. HEZs are engaged in large-group presentations and discussion, as well as action-based learning in small workgroups, where they problem-solve by sharing their expertise, experiences, successes, and lessons learned. HEZ Learning Community events also provide HEZs with informal networking opportunities with peers, programs, and potential funders. In addition, the HEZ Learning Community serves as a forum for HEZs to offer feedback to RIDOH about challenges and to discuss strategic direction.

To augment our capacity to provide content experts across a variety of topic areas relevant to HEZ programs and activities, and to assist us to develop, organize and deliver trainings and TA, we maintain

contracts with Rhode Island-based and regional organizations. Consultants work in partnership with RIDOH staff to offer half- and full-day workshops, and on-site TA. These offerings, driven by the HEZs, focus on a wide range of skills, from community engagement to qualitative assessment to sustainability planning. Best practice sessions help HEZ Collaboratives implement or refine aspects of their work plans, such as utilizing Complete Streets policies to improve walkability or working with food vendors to provide healthier options at sports venues. On-site TA offers a more tailored approach to meeting individual HEZ needs. Consultant contracts have also provided RIDOH with greater flexibility in securing needed services, including workshop venues, materials, and additional outside trainers.

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.

Over time, the HEZ Learning Community has become an important venue for external partners, including potential funders, to share information and to connect with HEZ Collaboratives. In order to be as responsive as possible to HEZ feedback and to provide HEZ Collaboratives with the most relevant information, RIDOH developed different formats that provide an appropriate forum for different types of stakeholders. For instance, partners who want to share program information with HEZ Collaboratives can participate in a resource table activity. Partners who can help HEZ Collaboratives think through the elements of a sustainability plan can present this information to the full HEZ Network and hold a facilitated discussion. This kind of forum allows potential funders to interact directly with HEZs to explore how to best align their priorities with the work of HEZ.

While RIDOH manages event planning and logistics, we expect HEZ backbone organizations to recruit Collaborative members to attend HEZ Learning Community sessions. Over time, we have recognized that for our active learning opportunities to be effective, we need participation from all levels of organizations and across Collaboratives so that information reaches relevant community stakeholders. It has also been important for members of HEZ Collaboratives to attend sessions as a team, making the best use of TA learning opportunities, and effectively working together to apply lessons learned in their communities. Members of HEZ Collaboratives have also found it valuable when we have built in networking time for Collaborative members to share their lived experiences, expertise, and stories.

Several elements have contributed to the success of the HEZ Learning Community:

- Creation of a dynamic, interactive learning model that leverages participant knowledge and experience and focuses on practical application;
- Engagement of highly skilled internal and external subject matter experts;
- Active involvement of all stakeholders in developing training content and format;
- Promotion of full participation across Collaboratives and within organizations;

- Augmentation of in-person training and technical assistance with online resources; and
- Opportunity for feedback to RIDOH on improvements that the HEZ Collaboratives desire.

By creating a regular forum for learning and feedback, the HEZ Learning Community has allowed RIDOH to ensure that best practices are shared, linkages are made with program resources, challenges are identified, strategic relationships are developed, efforts are evaluated, funds are leveraged, and progress is sustained. The HEZ Learning Community plays a critical role in the HEZ initiative, supporting Collaborative members to navigate a new and challenging approach to doing public health. Ultimately, the HEZ Learning Community helps RIDOH to fulfill the central goal of HEZ: to equip communities with the capacity to drive lasting change that puts better health and economic well-being in reach for all.

Evaluation

Each Health Equity Zone is required to develop an annual evaluation plan and action report following the first year of the initiative, which focused on conducting a community needs assessment. HEZ Collaboratives develop their own evaluation questions, indicators, and identified data sources to evaluate the collective impact of the programmatic work in their community.

In addition, the Rhode Island Department of Health has developed statewide health equity evaluation questions, which are listed below. Each HEZ community uses these five statewide evaluation questions in their individual evaluation plans, along with developing their own indicators and data sources. 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.

1. How has the focus on health equity influenced your partnerships?
    - Representation/strength of the collaboration
    - Process of mobilization
    - Diversity of voice
    - Common agenda

2. What resources has your collaborative leveraged?
    - Financial
    - Personnel
    - In-kind

3. How has your health equity work allowed your collaborative to advance policy?
    - New policies passed
    - Contribution of partners

4. What major barriers and facilitators exist to doing health equity work?
    - Partnerships
    - Resources
    - Data availability

5. What evidence exists that the Health Equity Zone initiative has influenced community development?
    - Community ownership

- Structural changes

The HEZ Implementation Team at RIDOH includes two evaluators, who develop guidance and templates for HEZ evaluation plans and reports, provide technical assistance to support HEZs in completing their evaluation plans and reports, and review and approve final evaluation plans and reports.

In addition, Rhode Island has been participating in the CityMatCH Collective Impact Learning Collaborative (CILC) since January 2016. This Learning Collaborative aims to increase local urban health departments' capacity to implement Collective Impact strategies to address Maternal and Child Health priorities at the community level. Through its participation in the CILC, RIDOH has received technical assistance from CityMatCH, which has included completing some assessments of internal capacities and processes. In addition, the CILC implemented the PARTNER tool, which focuses on the quantity and quality of the relationships between organizations. Data was collected from RIDOH and the HEZ backbone organizations as part of this work.

RIDOH has also begun conversations to conduct an additional evaluation of its internal structures and processes, as they relate to implementing the HEZ initiative. The hope is that findings of this evaluation will lead to internal improvements that will ultimately help us to strengthen, validate, and expand the HEZ 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.

Community Health Assessment Group

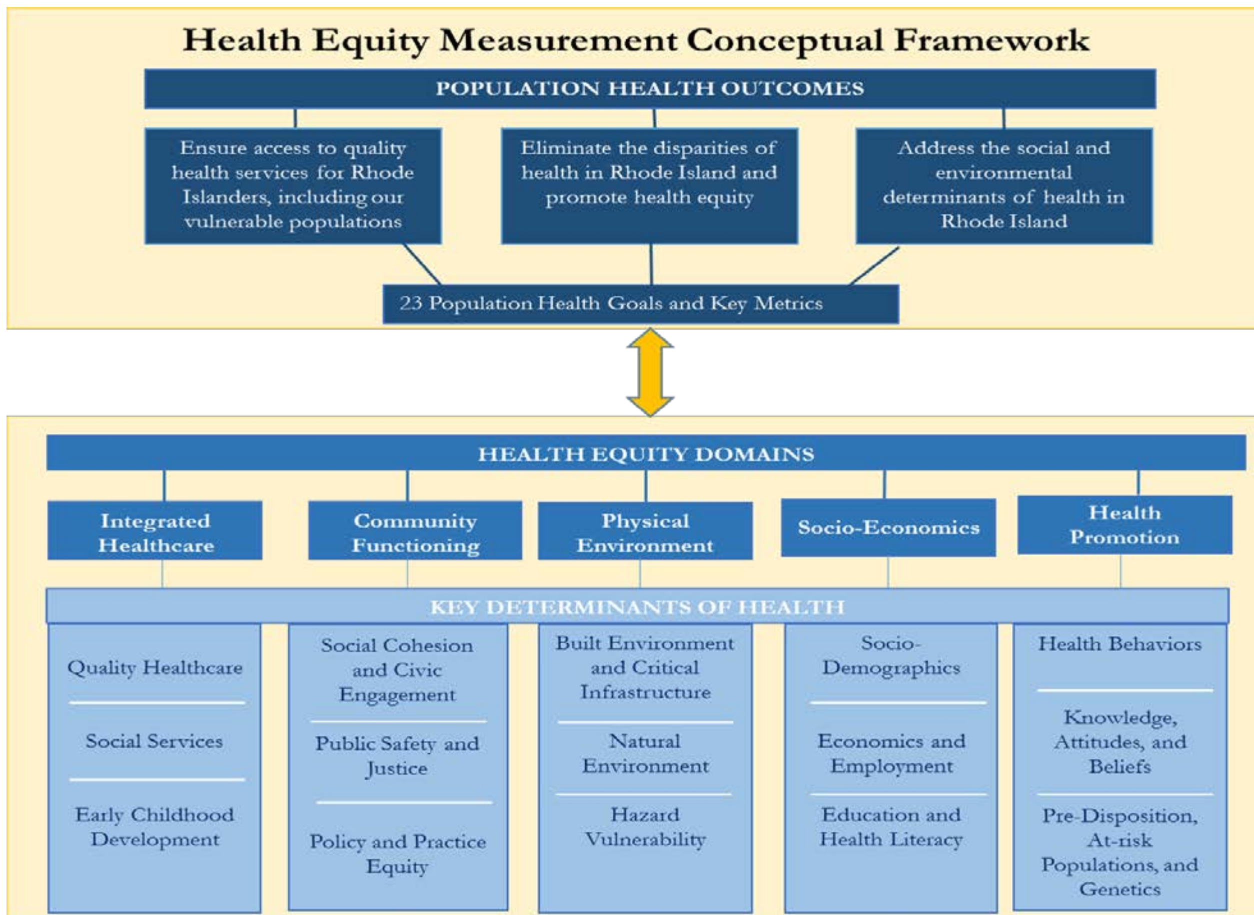
To supplement the specific evaluation work of each HEZ, RIDOH identified the need to develop a statewide surveillance system to monitor the State's progress via the HEZs' intervention towards improving the social, economic, and environmental conditions that impact community health. To ensure cross-sector input in this process, RIDOH reconvened an existing health assessment group called the Community Health Assessment Group (CHAG), which had in the past served as an advisory committee for other statewide health assessment and alignment efforts. This group split the project into three phases to determine the core statewide health equity indicators needed to measure overall improvements in health equity, before and after a public health intervention such as the HEZ initiative.

Phase 1: The goals of phase one were to outline the needs and goals of this statewide equity measurement tool, and to research how others have approached the issue of determinants surveillance, as a starting point to organize the concept. The outline developed by the CHAG provided a logic map for the organization of specific determinants, and established a logic construct for how socioeconomic and environmental determinants of health impact community health outcomes (Figure 4). A literature review of how other states, regions, and organizations have addressed determinants surveillance was conducted, and presented to the group for consideration.

Phase 2: The goal of phase two was to conduct a data "reality check" by reviewing potential health equity indicators that could be used to measure the determinants identified in the framework from phase one. Through a process of proposal and selection, based on evidence and community-informed experience, the CHAG selected 83 potential statewide indicators that the group felt could be aligned with the determinants identified in phase one.

Phase 3: The goal of phase three was to take the immense amount of information that had been collected and discussed in the previous two phases and "package" that information in such a way that it would represent a useful tool for research and evaluation, as well as policy and decision making. To accomplish this task, the group reviewed other approaches discovered in phase one, as well as an additional literature review of frameworks, and then moved forward to align indicators determined in phase 2 with determinants developed in phase 1 to provide measurable baselines for the selected determinants. These baselines will be used over time to monitor progress of health equity improvements from effectively implementing the HEZ model and engage others to invest in collectively addressing these "upstream" drivers of population health outcomes.

Figure 4: Health Equity Measurement Conceptual Framework



Strategic Communication

RIDOH has developed and continues to refine a communications strategy to support the Health Equity Zone initiative. This includes developing a strategic communications plan to guide and track communications activities related to the HEZ initiative. The plan articulates goals, target audiences, key messages, and recommended communications strategies, tactics, and timelines. It is updated on a regular basis.

As part of this communications strategy, RIDOH strives to work collaboratively with partners across its Health Equity Zones to communicate a collective vision for this community-driven work. In addition to inviting feedback and input from HEZ Collaborative members on how to improve HEZ-related communications, RIDOH developed and disseminated communications guidelines to ensure messaging reflects the initiative's overall goals, as well as the goals and values of RIDOH. The guidelines also help ensure that messages connect individual, community-level projects with the larger statewide HEZ initiative, to increase its visibility and collective impact.

To support external communications, RIDOH developed an electronic newsletter to share information, resources, and professional development opportunities with HEZ Collaborative members. RIDOH also works to engage the HEZs in early event planning to secure RIDOH leadership and state public officials' participation in public events; assists HEZ Collaborative partners in generating media coverage; and provides subject-matter expertise to help create appropriate messages for HEZ Collaborative members related to health equity and community development.

Internally, RIDOH has focused on developing marketing tools to bring more visibility and awareness of the value of the HEZ initiative, at the local, state, regional, and national levels, with an eye towards sustainability.

Finally, as part of its larger priority focus on health equity across the Department, RIDOH secured funding to provide training with technical and capacity-building assistance to equip staff across the Department to develop communications strategies and messages that can help drive positive change in employee, community, and partner engagement around health equity and social justice.

One lesson learned throughout this process is that identifying and funding a single point person to coordinate all HEZ-related communications has helped RIDOH better develop and implement strategic communications around this priority initiative.

Sustainability

In Years 3-4, RIDOH has encouraged HEZ Collaboratives to develop a plan to sustain their work beyond the initial four-year grant period. RIDOH provides training and technical assistance through its HEZ Learning Community to assist HEZ Collaboratives in this sustainable funding development process, and Project Officers are available to support HEZs as they apply for relevant grants to sustain their work. Leaders at RIDOH have also engaged with elected officials and policy makers, state agency leaders, charitable foundations, and community partners to advocate for the flexible investments necessary to support and maintain the work of existing HEZs, and to scale up expansion of the model to additional communities.

One way that RIDOH has worked to create sustained investments in the HEZ initiative is through aligning the initiative with the State Innovation Model (SIM) Test Grant initiative, a $20 million grant from the federal Centers for Medicare and Medicaid Services (CMS) focused on health systems transformation. With funding from SIM in Year 4, RIDOH staff working on the HEZ initiative will provide support to SIM staff, SIM vendors/partners, and local HEZ Collaborative members to foster a culture of collaboration that results in measurable progress towards the integration and alignment of mutually-beneficial efforts. The partnership and alignment between the HEZ and SIM initiatives will work to achieve community-level system changes surrounding the socioeconomic and environmental determinants of health that complement the healthcare system changes surrounding the move towards quality medical care and payment reform to improve population health, including SIM's eight aligned health focus areas, modeled after RIDOH's population health goals. Project goals for this united HEZ and SIM focus include:

- Coordinating and linking the large network of community organizations across the state engaged in the HEZ initiative to key aspects of SIM, such as funded vendors carrying out SIM projects and an interagency team of State staff working on the SIM project.
- Fostering and strengthening the community-clinical connections aimed at improving community and system-wide health outcomes across SIM (and other) health focus areas.
- Maximizing the effectiveness and reach of SIM interventions within the community, including increasing patient/resident engagement, and facilitating systems change on the local level that complements the work of Accountable Care Organizations, Accountable Entities, and Accountable Health Communities.
- Aligning SIM with local HEZ efforts by targeting the socioeconomic and environmental determinants of health and policies affecting integrated health, including the SIM health focus areas.

Investment of SIM resources within the HEZ Collaboratives supports the aims of the community development goals of the HEZ initiative and the patient engagement strategies of the SIM initiative, including: maximizing relationships and coordination between existing population health efforts within communities; addressing patient 'disengagement' or lack of participation in their own healthcare; and focusing on populations with the highest-risk and greatest known disparities.

In addition, RIDOH has worked to facilitate investments in the HEZ model from Rhode Island's large healthcare systems. This includes the process used to approve changes in hospital ownership and significant reductions in primary care and emergency department services under the authority of the State's Hospital Conversions Act. The Act requires RIDOH to approve certain changes sought by hospitals, to ensure a safe, accessible, and affordable health system for all, with a focus on improving disparate outcomes in disadvantaged communities. In the past year, RIDOH has required two health systems to invest in their local Health Equity Zones as a condition for approving applications subject to this review process. The conditions also require the health systems to collaborate with their local Health Equity Zones when conducting needs assessments to fulfill the community benefit requirements established through the Patient Protection and Affordable Care Act. Instead of duplicating community

needs assessments that the HEZs already completed, healthcare systems can focus better on addressing the changes identified by their local HEZ as needing targeted resources to implement.

There are many opportunities for a wide range of partners to support this model – through strategic investments, policy change, and collaboration – in the pursuit of shared goals defined for the community, by the community.

One lesson learned is that it has taken time for the community to view the HEZ initiative as more than a time-limited grant or project. The four-year grant funding from RIDOH is intended to be a seed investment to help HEZ Collaboratives build capacity and spark lasting, transformative community development, without community displacement. Sustainability must be a key focus of the HEZ initiative, as communities need sustainable investments to leverage with flexible funding that will drive lasting change.

Moving Forward

Several next steps remain as RIDOH has moved into the fourth and final year of funding for its first cohort of Health Equity Zones, and seeks to expand the model into additional communities. RIDOH is focused on:

- Supporting existing HEZ Collaboratives to identify ways to maintain and expand their work;
- Scaling up expansion of the model to new communities;
- Identifying long-term, sustainable funding for this community-led HEZ initiative model;
- Aligning the initiative with existing work within health and human services settings and other systems-building initiatives, such as the Maternal, Infant, and Early Childhood Home Visiting Program;
- Leveraging, aligning, diversifying, and standardizing statewide workforce development efforts, as appropriate;
- Identifying cross-cutting measures of success and returns on investment for the overall HEZ initiative;
- Implementing new policies that improve systems and create conditions for the communities' success as a result of the HEZs' collective impact; and
- Identifying ultimate indicators of achieving health equity, true health system transformation, and improved population health outcomes for Rhode Island.

The lessons RIDOH has learned through the implementation of its first cohort of HEZ Collaboratives have great potential for other communities, states, and agencies interested in similar community-led, place-based models like the HEZ initiative. Governmental public health agencies have a key role to play in this HEZ work's success: supporting these outcomes-driven, structured models that strengthen community-led, place-based collaboratives, and engaging investments from business leaders who can help communities transform conditions for long-term health and well-being. Leveraging the responsibility of public service, such public health agencies can be instrumental in establishing the infrastructures for place-based HEZ initiatives led by community-based collaboratives: providing technical assistance to help build the capacity of HEZ Collaboratives to address the socioeconomic and environmental

determinants of health, and engaging key partners who can help sustain the work beyond the initial grant period. Through this work, alignment of effort, strengthened by organizations in the community and available resources within the private and public sectors, is the key to success; as is partnering with the community to establish such a model of community-led empowerment, leadership, and accountability. With these right elements in place, the HEZ model can help communities establish the platform needed to strengthen their own voices and their own economic drivers, while forging policies that strengthen their community outcomes and limit the harms of gentrification. This, in turn, will more equitably build healthier, more resilient, more just communities across Rhode Island and across our diverse nation.

More Information

To learn more about the HEZ initiative, contact Ana Novais at Ana.Novais@health.ri.gov or visit www.health.ri.gov/HEZ

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