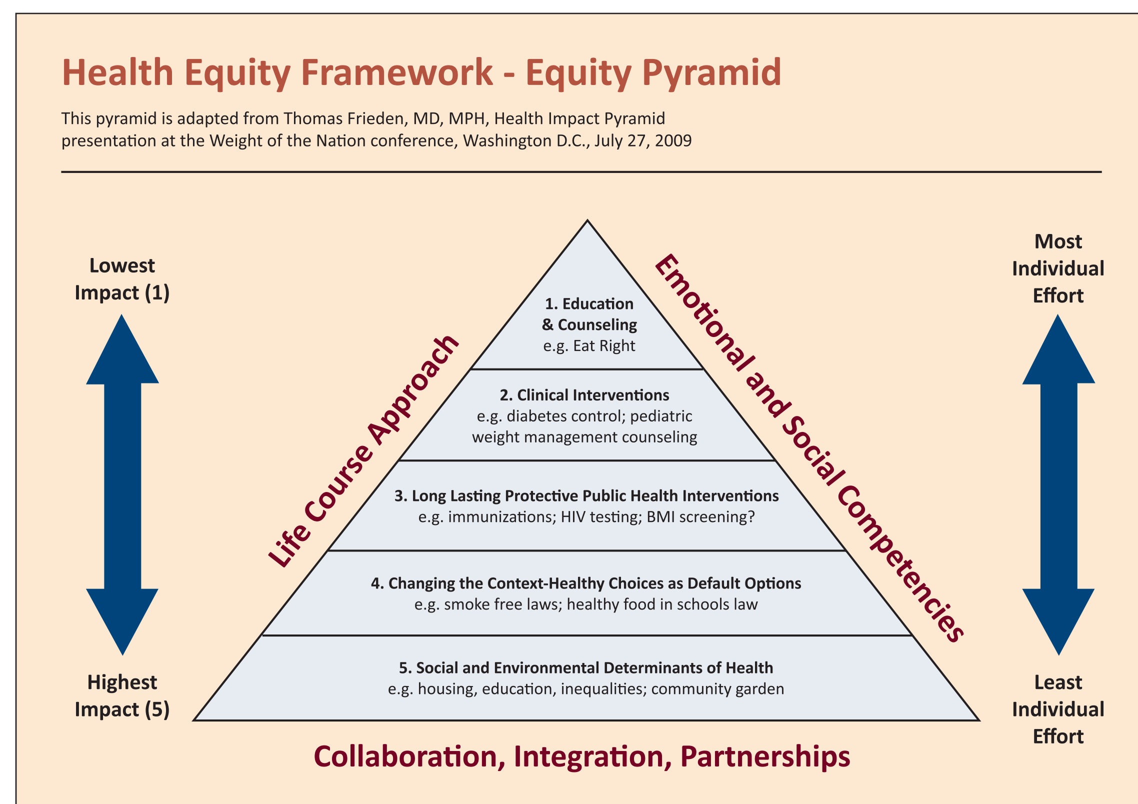
From the Ground Up: Webinar Explains Rhode Island's Health Equity Zones

On January 28, 2016, the FIHET Equity in All Policies Series and the Association of State and Territorial Health Officials (ASTHO) co-hosted a webinar titled, Rhode Island Health Equity Zones, which described innovative strategies implemented by the Rhode Island Department of Health (RI DOH) to eliminate health disparities. Data from Healthy People 2010 revealed improvements in some areas such as tobacco use and setbacks in the areas of physical activity, obesity and mental health. What was evident was that regardless of whether improvements were made, disparities existed in the form of gender, sexual orientation, disability status and racial and ethnic disparities. When the RI DOH looked at grants to address the disparities, they realized that although there was no funding specifically set aside for equity, the requirements included language dealing with disparities. The RI DOH decided to pull together the funding and send out a call for proposals asking the community to define themselves and their geographic zones, as well as to include measurable and documented health disparities.

The webinar was presented by Ana P. Novais, MA, Director Title V/MCH Director and Executive Director of Health at RI DOH, Angela Ankoma, Chief of Minority Health, RI DOH, and Carol Hall-Walker, Associate Director Division of Community Health, at the department. Participants highlighted that RI DOH implemented a framework that uses a life-course approach to achieve health equity and improve the health and well-being of the state's population through a focus on the social and environmental determinants of health (SEDH). The life-course approach is derived from the Health Equity Pyramid (See image), a five-level pyramid with each level corresponding to a public health



intervention. The most effective interventions fall lower on the pyramid because they require the least individual effort and therefore are suited to reach larger numbers of people at the community level. The lowest level on the pyramid is associated with the SEDH.

The life-course approach takes into consideration that SEDH shape the health of individuals throughout the course of their life. This approach demands a better understanding of what is happening at the community level through the communities' lenses by helping them identify and address the SEDH in their neighborhoods.

To date, the framework has been implemented in phases. The first phase involved the creation of Centers for Health Equity and Wellness (CHEW) grants to community-based organizations serving low-income neighborhoods in Providence, Pawtucket and Central Falls. The grants prioritized maternal and child health, and invested in and recognized healthy, safe and sustainable communities, as well as evidence-based programs that address chronic disease and its risk factors.

During the second phase, the RI DOH implemented a place-based initiative called the Health Equity Zones (HEZ), targeting areas with measurable and documented health disparities, poor health outcomes, and social and environmental conditions that can be identified and improved upon. Neighborhoods used different approaches to recruit members to the partnership. Some neighborhoods held listening sessions while others sent flyers, held church meetings and used social media.

The RI DOH used a collective impact approach that emphasized a common agenda and goals, as well as the use of common measurements to mutually reinforce the activities of the collaborative. They understood that no single agency could complete the work and that all efforts undertaken had to support and reinforce the efforts of the collaborative. It was important that there was ongoing communication between the collaborative members and a commitment to a sustainable process.

The Bristol HEZ and the Providence HEZ are examples of HEZs that assessed their communities and then implemented data-driven strategies and programs to address the social and environmental conditions that could be improved upon. The Bristol HEZ performed a community assessment and determined that substance abuse, food security and cultural issues were priorities there. They opted to address transportation issues in an effort to increase access to services. The Providence HEZ is based out of the Mayor's office and is part of the Healthy Communities program. Through a needs assessment, they pinpointed community wellness as an issue and addressed this by creating safe spaces where community members could engage in physical activity. What is important about the Bristol and Providence HEZ is that they were able to develop and implement local plans of actions that were community-based and evidence-based to address the social determinants of health that were specific to their geographic areas. Approximately $2.7 million of state and federal funds were disbursed through a competitive process to support 11 Rhode Island non-profit organizations and local governments, to lead a community collaborative that will implement one or more of the following components over a three-to-four year period:

A. Building, expanding or maintaining a HEZ collaborative of diverse partners that include municipal leaders, residents, businesses, transportation and community planners, law enforcement, education systems and health systems;

B. Conducting a baseline assessment with these groups, looking at the social and environmental factors that drive health outcomes, such as family supports and youth development, transportation, availability and affordability of food, housing and recreational opportunities;

C. Creating a plan of action based on strategies that have been shown to be successful; and

D. Implementing and evaluating the plan of action.

The presenters discussed the challenges and lessons learned from the CHEW initiative in the shift from an "agency-based approach" to a "place-based approach," focused on collective impact. A common challenge across the HEZ was the difficulty of retaining staff throughout the process, which can be mitigated by one of the lessons learned; the process of creating a vision statement can help mitigate loss of members, as they become part of the creation of a process, from the ground up.

The presenters also shared information on values-based decision-making; key accomplishments, such as tools developed and implemented, leadership and staff engagement, and the development of a shared vision; as well as issues with funding, sustainability and local ownership. Additionally, the presenters shared outcome data from the eight CHEW projects and the first nine months of HEZ.