Washington State Department of
Health

HEALTH EQUITY ZONES INITIATIVE

Community Advisory Council
Wednesday, August 24, 2022

Meeting Outcomes

Review mock application and provide feedback to staff

Identify types of support or resources for HEZ applicants.

Revisit approach to decision-making.

Community Agreements

- Assume positive intent.

- Acknowledge and accept impact.

- Be aware of the space you take up.

- Engage in dialogue – not debate.

- Hold yourself and others accountable for demonstrating cultural humility.

- Be open, transparent, and willing to make mistakes.

- Embrace the power of humble listening.

- Create trusting and brave spaces – where a little bit of discomfort is okay.

- Commit to having conversations that matter by speaking up to bridge divides.

- Define terms – don't assume that everyone knows specialty acronyms or terms.

Welcome HEZ Community Advisory Council!

1:1 Relationship Building Activity

- In pairs, spend a few minutes connecting with one another (doesn't have to be HEZ related!).

- Guiding questions:
  - What are you looking forward to in the Fall?
  - What has been the highlight of your Summer?

Community Workgroup Update

WHO
- **There were** 15 **participants from across the state**
- 2 people attended the new Orientation time from 12:30-1pm
- **Including** 4 **CAC members**, folx who participated in community selection process, and folx who are new to HEZ Initiative
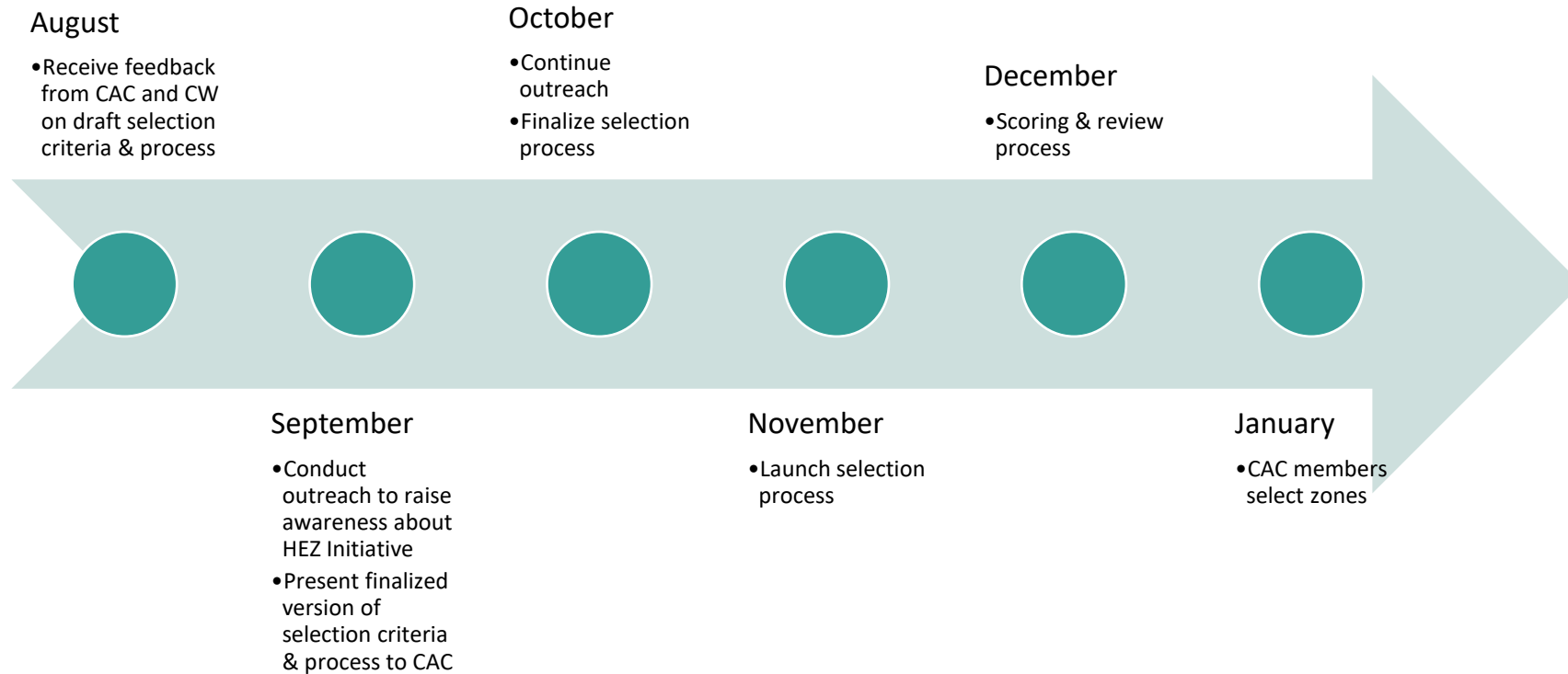
WHAT
- Members shared community updates (e.g., resources, events, info)
- Staff provided updates on survey results and next steps in finalizing the zone selection process
- Members provided feedback during a small group discussion on outreach strategies and community support needs to raise awareness about HEZ

WHEN
- Meetings take place on the 2nd Thursday of each month
- The next meeting is on Thursday, September 8 from 1-3pm
- Orientation for new members from 12:30-1pm

Timeline Update

August
- Receive feedback from CAC and CW on draft selection criteria & process

September
- Conduct outreach to raise awareness about HEZ Initiative
- Present finalized version of selection criteria & process to CAC

October
- Continue outreach
- Finalize selection process

November
- Launch selection process

December
- Scoring & review process

January
- CAC members select zones

Meeting Recap

Option 1

To narrow eligibility: areas with inequities are eligible to be health equity zones.

Ex: Areas with more than 25% of the population experiencing poverty are eligible to apply.

Option 2

To inform an RFP application process: require applicants to provide information on local inequities.

Ex: Applicants must provide data on the percent of the population experiencing poverty OR applicants must provide data on the socio-economic status of their community.

"Move away from blanket criteria"

"Combine approaches"

"Metrics have bias and often exclude BIPOC communities"

"How do we illicit stories and lived experiences?"

"What about community-based data sources?"

"RFP puts some at a disadvantage"

Hybrid

- Non-restrictive criteria
- Less about narrowing, more about intentional outreach
- Allow for community self-determination
- De-center DOH/CDC metrics
- Encourage use of community-based data/stories
- Reduce barriers to RFP process

Grounding Questions for the HEZ Selection Process

How do we prioritize communities that are most impacted by health inequities?

How can the process of zone selection support long-term scaling and growth?

How can we ensure selected zones capture the intention of the initiative (e.g., locally and community-driven)?

How do we maintain transparency and trust in the process?

Eligibility Criteria

Health Equity Zones are contiguous geographic areas that are small enough to impact local health outcomes, health disparities, and socioeconomic and environmental conditions.

To be eligible to apply to be a Health Equity Zone, interested communities must meet the following criteria:

- Be a geographically-defined community; this can include cities, zip codes, neighborhoods, or census-tracts

- Identify a reasonable population size for projects to have a demonstrated impact on local health inequities; populations should be small enough so that every community member can participate

- Identify a backbone organization that has a demonstrated history of collaboration with communities most impacted by inequity; this can include community-based organizations, coalitions, networks, collaboratives, nonprofit organizations, and local government. For-profit organizations are not eligible to apply.

- Provide data demonstrating health inequities in the proposed zone:
  - include data from WA DOH or CDC
  - include data and/or narratives from community-based efforts

What makes a strong application?

☑ Backbone organization led by and serves people most impacted by inequities (social determinants of health, health-related inequities)

☑ Backbone organization demonstrates capacity and infrastructure to organize Community Collaborative efforts and/or **identifies support needed to succeed**
- Preference for existing coalitions or networks – demonstrates feasibility

☑ Application narrative:
- demonstrates a commitment to closing equity gaps in partnership with community members
- demonstrates buy-in from community (ex: collaborative sign on letter)

Scoring Rubric

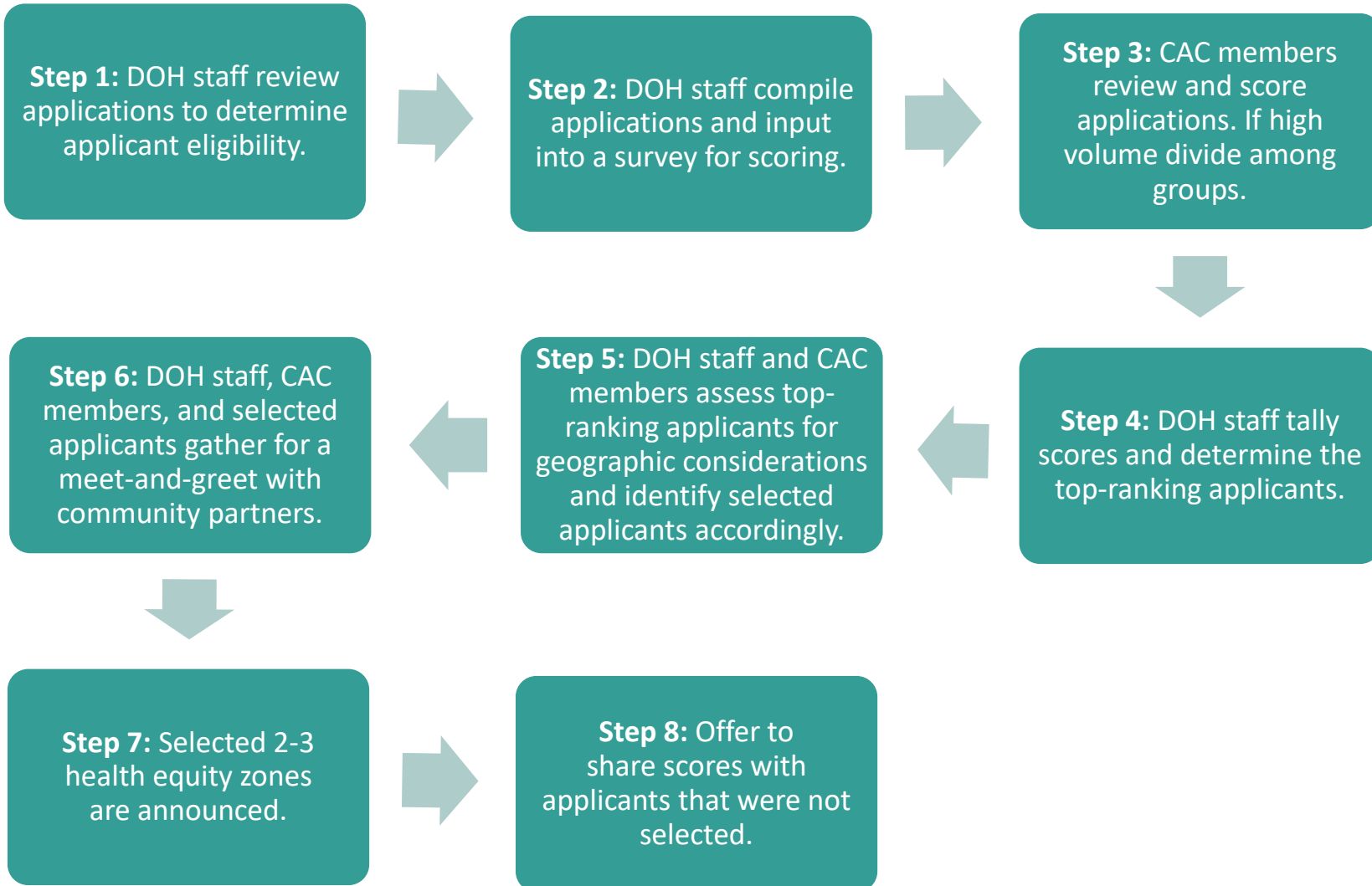| Scoring Category |
| --- |
| **Interest and impact**
Applicant describes why they are interested in applying to be a health equity zone and how the initiative will impact their community. |
| **Community partnerships**
Applicant describes how they will leverage existing and new community partnerships to center community member perspectives in decision-making. |
| **Historical injustice**
Applicant connects historic injustices to present day experiences, which could include but is not limited to, redlining, gentrification, and environmental racism. |
| **Data narrative**
Applicant provides data on inequities that are reported by WA DOH or CDC and community-based data sources, such as stories shared by community members or data collected by community organizations. |
| **Infrastructure/organizational capacity**
Applicant describes the infrastructure and organizational capacity of the backbone organization to coordinate Community Collaboratives. |

Multi-Step Review Process

Step 1: DOH staff review applications to determine applicant eligibility.

Step 2: DOH staff compile applications and input into a survey for scoring.

Step 3: CAC members review and score applications. If high volume divide among groups.

Step 4: DOH staff tally scores and determine the top-ranking applicants.

Step 5: DOH staff and CAC members assess top-ranking applicants for geographic considerations and identify selected applicants accordingly.

Step 6: DOH staff, CAC members, and selected applicants gather for a meet-and-greet with community partners.

Step 7: Selected 2-3 health equity zones are announced.

Step 8: Offer to share scores with applicants that were not selected.

Tie-breakers:
- CAC members conduct a secondary review of tied applications.
- DOH staff input tied applications into a survey and CAC members will indicate their preference between each set of tied applications.
- The applicants that scored higher will have +1 point added to their score.

Technical Assistance

- Application Q&A live sessions (2)

- Data use trainings (pre-recorded and uploaded to HEZ webpage)
  - Topics include identifying historical injustice information, community-based data sources, and DOH/CDC data sources

- Grant writing/narrative building sessions with consultant

- Links to relevant resources available on HEZ webpage

- Video or audio submissions – provide information on useable software

- Language access – offer and accept applications in multiple languages

- Ongoing assistance via email

What other types of support do you anticipate applicants may need?

10 Minute Break

Guiding Principles

Ensuring all people can achieve their full health potential and thrive, regardless of their identity, environment, or experiences.	Recognizing, not centering, the systemic impacts of generational trauma, racism, oppression, and colonialism, and leading with truth, care, and reconciliation.	Identifying our own complicity, bias, and privilege within oppressive structures and confronting power dynamics and institutional harms that perpetuate systemic inequity and lateral oppression.	Fostering systems-change by transforming conditions and health care institutions to be responsive, accessible, and inclusive.
Creating communities of support and care through collective action and collaboration.	Committing to put community first and look beyond the needs or goals of individuals, policies, or institutions.	Centering communities and their diverse voices, experiences, histories, and cultural knowledge.	Applying a data-informed approach that values various forms of data, including individual stories and ancestral wisdom.
Prioritizing communities who have been disproportionately affected by inequities, historically marginalized by systems, and excluded from data.	Demonstrating the values of equity, integrity, accountability, and transparency.	Catalyzing community leadership, ownership, and power.	Balancing a visionary perspective to change the status quo with creating reasonable, attainable, measurable, and scalable goals and strategies.

Decision-Making in Zone Selection

- Jamboard Activity
  - https://jamboard.google.com/d/1y5WNNRXEK0nf8eohrXilx89JK HUbxCeYAqrjrYhIlcU/edit?usp=sharing
- Consensus approach to decision-making

OUTREACH TEAM

- <u>Purpose</u>: Plan community engagement and outreach strategies in the lead up to zone selection and raising awareness of the HEZ Initiative.

- Staff is developing an outreach plan based on feedback from the first Outreach Team meeting

- Outreach will be conducted between Sep-Nov

- Staff will be sending out a collaborative spreadsheet to build out an engagement list

EVALUATION TEAM

- <u>Role</u>: Guide the evaluation of the HEZ initiative

- Identified 3 main purposes for evaluation
  1. Invite broad community feedback on zone selection.
  2. Gather perspectives on community engagement from those involved in HEZ.
  3. Assess whether selected zones and Community Collaboratives align with HEZ principles.

- Developed evaluation plan including key questions and approaches to collect data

5-minute Evaluation Survey!

We want to hear your perspectives on the process.

Link: https://forms.office.com/g/tD3u1MtYRS

Closing & Next Steps

- Call for interview panel volunteers!
  - First round interviews will take place the week of September 5
  - Please let Bri know if you are interested in being on the interview panel

- Next steps:
  - Staff will compile feedback from today's meeting and develop a draft application
  - The draft will be sent in advance of the next CAC meeting for review.

- Next CAC meeting:
  - Wednesday, September 28 at 2pm

Washington State Department of Health

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